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FOLLOW-UP TO THE REPORT OF THE UNITED NATIONS BOARD OF AUDITORS FOR 2000-2001: STATUS OF IMPLEMENTATION OF RECOMMENDATIONS

Report of the Executive Director

1. Pursuant to decision 97/2 of the Executive Board, the Executive Director wishes to bring to the attention of the Board a progress report on the implementation of the recommendations of the United Nations Board of Auditors on UNFPA for the biennium that ended 31 December 2001 (A/57/5/Add.7). In document A/57/439, the Advisory Committee on Administrative and Budgetary Questions reviewed the report of the Board of Auditors and the corresponding report of the Secretary-General (A/57/416/Add.1).

2. The present document provides an update of the actions taken by UNFPA to follow-up on the recommendations of the Board of Auditors as contained in the report it submitted to the General Assembly at its fifty-eighth session (A/58/114). The paragraphs cited in the annex of the present document correspond to those contained in document A/58/114. Audit issues were also addressed in the annual report on internal audit and oversight activities (DP/FPA/2003/3), submitted to the annual session 2003 of the Executive Board.

Recommendation

3. The Executive Board may wish to take note of the follow-up measures taken or planned in implementing the recommendations of the United Nations Board of Auditors for the biennium 2000-2001, as contained in the annex to document DP/FPA/2004/1.

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Annex

Recommendations of the United Nations Board of Auditors in its report on the accounts of UNFPA for the financial period that ended 31 December 2001

1. **In paragraphs 10 (a) and 33, the Board recommended that UNFPA review the funding mechanism and targets for end-of-service benefits, in conjunction with the United Nations and other funds and programmes.**

In June 2003, UNFPA signalled its intention to UNDP, as the lead agency, to participate in a study to be undertaken by the actuarial agency on behalf of UNDP, UNOPS and UNFPA on funding policies in respect of after-service medical benefits.

2. **In paragraphs 10 (b) and 38, the Board recommended that given the fact that the advance in respect of field accommodation has remained outstanding for eight years, UNFPA should take immediate action to bring the matter to a conclusion.**

UNFPA expects to resolve the matter by the end of 2003, and has set aside funds to cover any outstanding costs.

3. **In paragraphs 10 (d) and 69, the Board recommended that UNFPA (i) ensure that standard terms of reference are agreed between the country office and governmental implementing partners as well as the auditor of nationally executed expenditures and that the audit scope and format is consistent; and (ii) compile a mandatory checklist of the standard requirements to assist country offices in adhering to the requirements of the UNFPA Policies and Procedures Financial Manual.**

Due to the staffing constraints experienced in the Audit Services Branch, Division for Oversight Services, UNFPA has not been able to develop a checklist of standard requirements to assist country offices in adhering to the requirements of the Financial Manual. It is anticipated that this recommendation will be addressed in 2004 when new staff have been recruited. In the meantime, during country office management audits, UNFPA has continued to monitor agreement to standard terms of reference. In addition, UNFPA is reviewing the terms of reference for audits in conjunction with its review of the audit plans submitted by country offices and headquarters divisions. Feedback is also provided to country offices on the scope covered in project audit reports and their compliance with requirements.

4. **In paragraphs 10 (f) and 80, the Board recommended that UNFPA quantify the financial effect of audit qualifications made in respect of nationally executed expenditure to evaluate such qualifications against the action plans for reasonableness.**

UNFPA has continued to record in its database the reason for audit qualifications. The quantification of the financial effect will be assessed when additional staff members join the Audit Services Branch.

5. **In paragraphs 10 (h) and 91, the Board recommended that UNFPA create a comprehensive database, which would facilitate implementing a risk-based assessment model.**

A comprehensive risk assessment database will be developed in 2004, when additional staff members join the Audit Services Branch.

6. **In recommendations 10 (j) and 97, the Board recommended that UNFPA immediately conclude service-level agreements with UNDP to ensure that services and costs are defined and to enable UNFPA to be fully accountable for transactions incurred on its behalf.**

Memorandums of understanding comprising service-level agreements have been concluded with UNDP.

7. **In paragraph 17, the Board recommended that UNFPA approach its Executive Board with a view to defining the range of financial assumptions on which the operational reserve should be based. Furthermore, UNFPA should clearly disclose the basis of computing the operational reserve in the notes to the financial statements.**

Discussion between the Executive Board and External Relations Branch (EBERB), Information, Executive Board and Resource Mobilization Division (IERD), and the Division for Management Services took place throughout 2003. EBERB concluded that Governing Council decision 91/36 states clearly that the reserve is calculated on the basis of annual income. Paragraph 19 of decision 91/36 states: "Decides that the level of the operational reserve should be set at 20 per cent of general resources income for each year of the United Nations Population Fund work plan and decides to review the level of the operational reserve every other year." Subsequent biennial reviews of the operational reserve have not resulted in decisions to change the basic method of calculating the operational reserve. UNFPA has amended the notes to its financial statements to disclose the methodology for calculating the operational reserve.

8. **In paragraph 21, the Board recommended that UNFPA make a provision for doubtful collection, which should be appropriately disclosed in the financial statements and notes thereto.**

Provision and disclosure have been made in respect of all pledges not received for 1999 and prior years.

9. **In paragraph 23, the Board recommended that UNFPA disclose investments, in accordance with paragraph 48 (ii) of the United Nations system accounting standards, in the notes to the financial statements.**

Action on this recommendation has been completed.

10. **In paragraph 25, the Board recommended that UNFPA avoid offsetting debit and credit balances in contravention of paragraph 46 of the accounting standards**.

The change in practice will be reflected in the 2002-2003 financial statements.

11. **In paragraph 29, the Board recommended that UNFPA perform regular reconciliations with UNDP records and follow up reconciling items.**

UNFPA verifies, on a monthly basis, reconciling items for each account. UNFPA will eliminate current discrepancies in time for the preparation of the 2002-2003 financial statements.

12. **In paragraph 35, the Board recommended that UNFPA take immediate measures to recover long-outstanding amounts of receivables from staff and consultants.**

The process of analysing accounts receivable and taking corrective action has been ongoing. The Finance Branch is committed to recovering outstanding amounts where possible and taking appropriate accounting action with respect to any long-outstanding receivables identified under miscellaneous accounts receivable from years prior to 2002 ($0.1 million) before the end of 2003.

13. **In paragraph 43, the Board recommended that UNFPA account for all contributions received and should closely monitor trust fund income and expenditure to ensure that it does not obligate expenditure without having sufficient funds available.**

The Finance Branch remains fully responsible for recording income, in addition to reconciling income information internally with the Resource Mobilization Branch, HERD, and externally with the UNDP General Accounting and Contributions Section. The Finance Branch reviews activity in the bank accounts held by J.P. Morgan Chase Bank in New York on a daily basis and ensures that UNDP provides monthly reconciliation of bank balances.

14. **In paragraph 59, the Board recommended that UNFPA generate an age analysis to review outstanding advances of nationally executed expenditures with a view to ensuring accountability of implementing partners, taking into account future work plans.**

The Finance Branch is keenly aware of the magnitude of operating fund account balances and has prioritized the reconciliation and rationalization of these balances prior to taking remedial accounting action and the migration to the PeopleSoft Enterprise Resource Planning (ERP) system. The Finance Branch agrees that the use of an ageing report, where appropriate in the PeopleSoft ERP, will provide more management control over the operation of operating fund accounts.

15. **In paragraph 61, the Board recommended that UNFPA include in its monitoring tools details of the appointment of auditors of nationally executed expenditure and to use such details to verify compliance with the Financial Manual.**

The name of the audit firm has been included in the database. Starting in 2004, UNFPA will also include information on the entity responsible for appointing auditors.

16. **In paragraph 63, the Board recommended that UNFPA include in its directives on nationally executed expenditure, specific procedures and predetermined criteria to ensure that auditors of the required independence, integrity and technical competence are appointed and that compliance with those directives is monitored by the country office.**

UNFPA is currently developing criteria to guide country offices in the selection of auditors and expects to complete action on this recommendation in 2004.

17. **In paragraph 72, the Board recommended that UNFPA devote special attention to those country offices that had not submitted audit plans on time, in future audit planning exercises, by requesting those country offices to commence with the planning exercise well in advance of the prescribed deadline. Also, UNFPA headquarters should intensify its follow-up action for country offices that have defaulted in adhering to requirements.**

The Audit Services Branch will continue to urge country offices to submit their 2003 audit plans on time and will send reminders to country offices that do not meet the deadline. It has also enlisted the support of management staff in the geographical divisions in ensuring compliance.

18. **In paragraph 89, the Board recommended that UNFPA adhere, as far as practical and feasible, to the mandatory project evaluation and monitoring procedures as prescribed in its directives. Furthermore, UNFPA headquarters should focus its attention on those projects that have not been subjected to audits of nationally executed expenditure as a means of obtaining adequate assurance, and should also record in the consolidated database details of compensating controls implemented in those country offices where assurance is low.**

Ensuring that compensating controls in the form of project monitoring and evaluation exercises are implemented is integral to the functions of the geographical divisions. The geographical divisions will ensure that this is a key feature of their annual management plans and that it is included in the individual performance plans of concerned staff.

19. **In paragraph 99, the Board recommended that UNFPA ensure that, in concluding the service-level agreements with UNDP, such agreements would enable it to implement and review key controls, such as bank reconciliations.**

Recognizing that UNDP and UNFPA are likely to face a radical change in processes and workflow with the introduction of the ERP system, both parties have agreed to revisit the framework for key controls after the implementation of ERP.

20. **In paragraph 103, the Board recommended that UNFPA headquarters organizational units be tasked with the review and verification of all non-expendable equipment under their control. Furthermore, UNFPA should expedite the transfer of all remaining non-expendable equipment to the coding system.**

The headquarters' renovation exercise has constrained the Procurement and Facilities Management Branch from effectively tracking the location of all non-expendable equipment in UNFPA headquarters. Nevertheless, a full physical inventory will be undertaken during April-May 2004, following completion of the renovation project. The results of the physical inventory will be entered into the new PeopleSoft asset management system.

21. **In paragraph 105, the Board recommended that in order to facilitate effective control over the receipt of all goods and services procured, all UNFPA country offices complete receipt and**

inspection reports within three weeks of delivery of such goods and services and should forward such reports to the headquarters procurement unit, as prescribed in terms of paragraph D.25 of the UNFPA Procurement Manual.

The Procurement Services Section sends regular reminders to country offices to submit receipt and inspection reports. As a result, there has been improvement in the timeliness of these reports. An estimated 75 per cent of reports received do not require additional follow-up. With the implementation of ERP, receipt and inspection reports will automatically be logged and tracked.

22. **In paragraph 107, the Board recommended that UNFPA develop a process for formally recording and monitoring suppliers' performance**.

The Procurement Services Section maintains records of supplier and product failures. During the period January-October 2003, two contracts were terminated due to unsatisfactory performance. Purchases from a third supplier have been put on hold until the supplier corrects a fault in the production line. The Procurement Services Section has also ordered tests and inspections to verify product quality in various locations. In addition, the incidence of pre-shipment inspection has been increased for medical equipment.

23. **In paragraph 114, the Board recommended that UNFPA develop, implement and update on a regular basis, a short- to long-term ICT strategic plan; establish, approve, implement and update on a regular basis a security policy; and compile documented computer programme change control procedures.**

UNFPA will develop an ICT strategy by the end of 2003. In the meantime, a number of activities have been undertaken to ensure the successful implementation of the PeopleSoft ERP in partnership with UNDP and UNOPS. UNFPA, together with UNDP, is planning to formally adopt programme change control procedures from industry leaders in this area. UNFPA is in the process of recruiting an ERP security officer who will oversee this process.

24. **In paragraph 118, the Board recommended that UNFPA develop a fraud prevention plan, including fraud awareness initiatives. In developing the plan, UNFPA should discuss features of it with the Department of Administration of the United Nations and other funds and programmes to obtain the benefit of best practice, where available, in specific or all of the elements being considered.**

UNFPA has been working with UNDP and UNOPS in a joint effort to develop a fraud prevention strategy. In this process, the members of the group follow developments of the United Nations Organizational Integrity Initiative as well as the fraud prevention measures of other organizations. The strategy will be finalized in the first quarter of 2004.

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Report of the Executive Director of the United Nations Population Fund

Summary

The present report has been prepared in conformity with a joint format agreed by the United Nations Development Programme, the United Nations Population Fund and the United Nations Children's Fund, covering the issues identified in consultations among United Nations Development Group members. The report addresses the implementation of the reform programme of the Secretary-General and the provisions of the triennial comprehensive policy review as well as the follow-up to international conferences and the Millennium Development Goals.

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I. Implementation of the reform programme of the Secretary-General and the provisions of the triennial comprehensive policy review

A. Funding for operational activities for development

1. In early 2002, the United Nations Population Fund (UNFPA) faced a critical situation with regard to regular resources, due to the withdrawal of a projected contribution of $34 million from a major donor and decreases in contributions from 2001 levels by two other donors. This resulted in a projected shortfall of 20 per cent of total resources. Additional contributions from major donors as well as contributions from an increasing number of programme countries helped to mitigate the situation. Additional contributions from several major donors amounted to $18.8 million in 2002. As a result, the total regular contribution income for 2002 was $260.1 million, a decrease of only $8.5 million, or 3.2 per cent, from the 2001 level of $268.6 million.

2. Also noteworthy in 2002 was the expansion of the UNFPA donor base, which reached an all-time high of 135 donors, surpassing the 2001 level of 120 donors. The increase in the number of countries contributing to UNFPA demonstrates growing political support for the work of the Fund and is a direct response to Executive Board decision 98/24. This decision recognized that overdependence on a limited number of donors posed a risk for the long-term financial sustainability of the Fund and urged donors and programme countries to increase their contributions to core resources. The breakdown of donors by region is as follows: 36 from Africa; 33 from Asia and the Pacific; 32 from Europe; 20 from Latin America and the Caribbean; 13 from the Arab States and one from North America.

3. Within the context of the multi-year funding framework, UNFPA sought to obtain multi-year pledges to ensure greater stability and predictability of the Fund's resources. While UNFPA was gratified that a few of its major donors have been able to provide multi-year pledges, the majority of the top donors of the Fund have not been able to do so. Only 30 of 136 donors in 2002 made multi-year pledges. Of those 30, only six were major donors.

4. Contributions to other resources ($109.5 million) were provided through trust funds ($56.7 million), cost-sharing programme arrangements ($43.9 million) and other arrangements ($8.9 million). Contributions to other resources ($109.5 million) decreased approximately 11.3 per cent, compared to 2001 ($123.5 million). Interest income and other income of $3.5 million brought the total income for other resources in 2002 to $113 million. The trend in other resources has become more important during recent years. However, UNFPA does not expect to attain as high a level of other resources in 2003.

5. UNFPA has continued to experience strong momentum for resource mobilization for its regular resources base in 2003. As of 10 December 2003, total regular contributions amount to $294.0 million, a projected increase of 13.0 per cent from the 2002 actual regular income of $260.1 million. Once again, there has been a significant increase in the UNFPA donor base, which reached 140 donor governments as of 10 December 2003, surpassing the total of 135 donors in 2002. UNFPA still expects a number of pledges and it is possible that it will exceed the 140 mark by the end of the year.

6. Regarding financial support from individuals, the 34 Million Friends Campaign has been unparalleled. UNFPA coordinated and facilitated the 34 Million Friends Campaign and has processed and responded to over 100,000 letters and private donations from individuals. The appeal has been circulated extensively through a variety of private networks and has been widely reported by the media. As of 10 December 2003, $1.2 million from the 34 Million Friends Campaign was deposited to the UNFPA account.

7. As of 10 December 2003, the preliminary income forecast for regular resources in 2004 indicates a 7 per cent increase from the projected 2003 level of $294 million to approximately $315.5 million. Total resources, including contributions to co-financing programmes, may reach nearly $400 million in 2004.

B. Common country assessment and the United Nations Development Assistance Framework

8. The United Nations Development Group (UNDG) common country assessment/United Nations Development Assistance Framework (UNDAF) working group revised the 2002 common country assessment/UNDAF guidelines, incorporating new, harmonized programming tools such as the UNDAF results matrix, joint strategy meetings and the UNDAF monitoring and evaluation plans. In addition, the link between common country assessments and UNDAFs and national planning processes and frameworks, such as poverty reduction strategies, was further clarified and strengthened. The UNDG programme group approved the revised UNDAF guidelines in June 2003 and the revised common country assessment guidelines in October 2003. UNFPA was one of the lead UNDG agencies in this exercise.

9. In 2003, UNDG agencies in 19 programme countries embarked on the common country assessment and UNDAF processes, as the first step in achieving harmonized programming cycles. Almost half of these countries were in Europe and in the Commonwealth of Independent States. The UNDG Office and the UNFPA country technical services teams provided substantive support to UNFPA country offices in these programme countries. In addition, the quality support and assurance system developed in 2002 was approved and implemented in 2003. In cooperation with the regional bureaux of other UNDG agencies, the UNFPA country technical services team in Harare coordinated quality support and technical backstopping to the United Nations country teams in Madagascar and Zimbabwe. The new quality support and assurance system can become a highly effective way of providing coordinated support and guidance to United Nations country teams.

C. Simplification and harmonization of rules and procedures

10. Following the adoption of General Assembly resolution 56/201 and the second wave of reform of the United Nations Secretary-General, considerable progress has been made in simplifying and harmonizing programme and operational procedures. UNDG adopted a number of tools and had them incorporated into the revised common country assessment/UNDAF guidelines, which the UNDG programme group recently approved. These include common terminology for results-based

management, the UNDAF results matrix, the joint strategy meeting, the UNDAF monitoring and evaluation plan, and the UNDAF evaluation.

11. In November 2002, the executive heads of the four UNDG executive committee agencies adopted a number of tools related to programme preparation, approval and development to be introduced when countries prepare their harmonized country programmes, which are based on the common country assessment and UNDAF. A meeting was held in New York in April 2003 to introduce new tools to the five common country assessment/UNDAF roll-out countries (Benin, Ecuador, Kenya, Niger and Pakistan).

12. In addition to the five countries beginning harmonized programme cycles in 2004, staff from the 19 countries beginning new programme cycles in 2005 were trained on the common country assessment/UNDAF processes. The United Nations System Staff College, the UNDG Office and resource persons from the UNDG agencies conducted the training.

13. Work on other programme implementation modalities is ongoing, including the preparation of a revised guidance note on joint programming that will provide programmatic and operational guidance and ensure that joint programming is at the core of the in-country programming process. An inter-agency working group was established for this purpose, under the chairmanship of UNFPA. Financial and legal experts from various agencies were involved in this effort.

14. UNDG will issue a revised guidance note on joint programming in early 2004, to be incorporated in agency programming manuals. Plans are also under way to incorporate joint programming into training plans for country offices and relevant divisions at UNFPA headquarters. The following principles have guided the work on joint programming: (a) Governments and governmental priorities set the context; (b) procedures are guided by country situations rather than a one-size-fits-all approach; (c) national ownership is key; (d) United Nations agencies will rely on improved national systems and assist in building capacity where needed; and (e) current best practices from the United Nations funds and programmes will be used.

D. Monitoring and evaluation

15. In 2002, UNFPA strengthened its capacity in results-based monitoring and evaluation practices by preparing and disseminating tools for the programme managers' tool kit, the translation of these tools into United Nations working languages and the organization of the fifth and last in a series of programme management workshops for country office staff and country technical services team advisers. The workshop promoted better understanding of the principles and requirements of results-based office and programme management and provided an opportunity to share lessons learned. In addition, UNFPA intensified collaboration with selected country offices in developing and strengthening their monitoring and evaluation systems and in monitoring their application. The results of this initiative will be used to develop tools and guidelines.

16. To promote the institutionalization of a results-based programme management approach, UNFPA issued revised reporting formats in 2001. In 2002, UNFPA conducted a survey of country offices to determine the use of these formats and

gauge their utility from a user's perspective. Overall, the formats were well received. Country offices noted that the revised formats promoted a more critical analysis of project progress and were useful for project staff to closely monitor implementation in order to inform decision-making.

17. A number of country offices made useful suggestions for improving the formats which, along with the outcome of the UNDG inter-agency harmonization and simplification initiative to streamline approaches to programme planning, monitoring and evaluation, will serve as valuable inputs to the preparation of revised monitoring and evaluation guidelines to be completed in 2003. UNFPA is an active member of the UNDG working group on monitoring and evaluation.

18. The UNFPA evaluation network held its fourth annual meeting to review progress achieved since its inception and to develop a 2002 work plan. Members concluded that the network is a useful mechanism to promote results-based monitoring and evaluation and to share experiences. UNFPA also organized an internal seminar on evaluation methodologies for network members.

19. Throughout 2002, UNFPA country technical services teams led several capacity-building exercises to strengthen country-level, results-oriented monitoring and evaluation. Workshops were organized for country office staff and national counterparts to develop their capacity to select appropriate indicators, identify reliable sources of data and design data-collection methods. Training sessions also focused on developing programme logical frameworks, project work plans, and monitoring and evaluation plans. In addition, country technical services teams provided technical assistance in conceptualizing and designing common database systems that incorporate national priorities, the Millennium Development Goals, UNDAFs, poverty reduction strategy papers and International Conference on Population and Development (ICPD) goals. These developments are expected to improve the monitoring of poverty, better target the poor and track achievement of ICPD goals.

20. In spite of increasing awareness and commitment to the principles of results-based management and monitoring and evaluation in UNFPA, there is a lack of a common understanding of how to operationalize a results-based approach to programming. The capacity to undertake causality analysis and understand the different levels of results, and the logical relationship that exists between them, must be strengthened. Systems for data collection and analysis, including national systems, also need to be developed. In most countries, limited availability of information and systems to generate data still represents a major stumbling block. Capacity-building in this area will require the engagement of other partners. In addition, an appreciation for the important contribution monitoring and evaluation activities can make to improving programme design and programme management, decision-making and to generating knowledge and learning needs to be further cultivated.

E. Capacity-building

21. Building the capacity of developing countries to achieve their goals in reproductive health and rights, population, gender and development is at the core of the UNFPA mandate. Since its inception, UNFPA has given great importance to capacity-building. In 2002-2003, the Fund took steps to examine its current

approaches to capacity-building and to further strengthen them, in light of evaluation findings and the challenges posed by the ICPD Programme of Action, the Millennium Development Goals and results-based management.

22. According to the findings of the UNFPA thematic evaluation on capacity-building, the Fund needs to reorient its approach to capacity-building. It is clear from the study that the focus of UNFPA funding for capacity-building has centred on three areas: equipment and infrastructure; training; and personnel. It also confirmed that although the Fund's past efforts contributed to capacity-building in some areas, a more rigorous and systematic approach was required for the future.

23. Based on the recommendations of the evaluation, UNFPA is embarking on a work programme that will: (a) develop an organizational definition of capacity and capacity-building in view of the new strategic direction of the Fund; (b) identify strategies and major capacity-building results to be achieved through UNFPA programmes; (c) formulate approaches to collaborate with other donors, including United Nations agencies; and (d) strengthen internal expertise in capacity-building.

24. Given the central importance of capacity-building in the development cooperation activities of all United Nations agencies and the commitment of the United Nations system to building national capacity in developing countries, UNFPA looks forward to collaborating with other agencies in addressing this important issue.

F. Gender

25. During the reporting period, major achievements included the development of a conceptual framework on a human rights-based approach to programming and a guidance note on culturally sensitive programming approaches. Together with work on the linkages between culture, gender and human rights, they will lay the groundwork for strengthening these linkages in implementing the new intercountry programme, 2004-2007. The human rights-based approach task force undertook its work as a follow-up to the 2002 review on the extent to which country offices and country technical services had integrated the human rights-based approach into programming. The culture group, formed in May 2003, organized its first meeting in Beirut in September 2003, to initiate dialogue on culturally sensitive programming. The outcome of the meeting was the development of the UNFPA guidance note on culturally sensitive programming approaches, which will help to institutionalize a cultural perspective in UNFPA programming.

26. A project document on institutionalizing a cultural perspective in UNFPA programming was also developed to provide a road map for future action. The road map builds on a review of nine country programmes that were developed using culturally sensitive programming approaches: Brazil, Cambodia, Ghana, Guatemala, India, the Islamic Republic of Iran, Malawi, Uganda and Yemen. These reviews include an analysis of lessons learned on UNFPA experiences, a comparative study of common success factors and constraints, and field-based inputs for developing learning curricula on cultural sensitivity.

27. At the inter-agency level, UNFPA contributed to a statement on common understanding of the human rights-based approach to development cooperation as well as to the development of the plan of action on strengthening human rights-

related United Nations action at the country level with regard to national protection systems and country teams. UNFPA contributed several reports on women's rights, reproductive rights and gender to the Commission on Human Rights. UNFPA also participated in the second session of the Permanent Forum on Indigenous Issues held at United Nations Headquarters in May 2003, reporting on UNFPA-supported national and regional projects specifically targeted to indigenous people, especially women.

28. During 2003, UNFPA continued its support to the microcredit summit campaign, enabling it to integrate women's empowerment and reproductive health issues into its training programmes through training grants and a video. UNFPA also laid the foundation to expand partnerships by working with the International Fund for Agricultural Development (IFAD) and non-governmental organizations, including the microcredit summit campaign, to develop a proposal to link areas of IFAD expertise, such as microfinance, to those of UNFPA, including reproductive health education, HIV/AIDS and women's empowerment.

29. The work of UNFPA in addressing sexual and reproductive health concerns and gender-based violence in the armed forces culminated in 2003 with lessons drawn from nine country case studies (Benin, Botswana, Ecuador, Madagascar, Mongolia, Namibia, Nicaragua, Paraguay and Ukraine). The findings are contained in a CD-ROM, entitled "Enlisting the armed forces to protect reproductive health and rights: lessons from nine countries".

30. In response to General Assembly resolution 52/100, in which the General Assembly requested all bodies of the United Nations system to mainstream gender in the budget process, UNFPA organized a workshop on meeting the challenges of gender mainstreaming in the UNFPA strategic planning process. This workshop followed a UNFPA case study that examined the gender perspective in the multi-year funding framework, audit and evaluation, results-based management, and the UNFPA coding system.

31. To further its work in addressing reproductive health issues in conflict situations, UNFPA is organizing training for women's NGOs and the Ministry of Women's Affairs in Afghanistan to develop their management, media and leadership skills. As part of its commitment to preventing gender-based violence, UNFPA initiated a process to develop a comprehensive strategy and action plan for the next intercountry programme. Specialists, programme experts and UNFPA staff identified key actions and intervention strategies to address gender-based violence in UNFPA programmes.

G. Humanitarian assistance

32. In 2002 and 2003, UNFPA strengthened its ability to provide humanitarian assistance to communities in crisis, and to mainstream its capacity, and that of its partners, for emergency response at global and country levels.

33. At the field level, rapid response to emergencies includes the immediate shipment of supplies and equipment to enable pregnant women to deliver safely, and support for assessment missions. UNFPA also supports treatment, rehabilitation and counselling for traumatized women and their families in refugee camps and affected

areas through projects that address the needs of women and girls in conflict and post-conflict situations.

34. When situations stabilize, UNFPA helps lay the groundwork for transition and reconstruction -- by supporting the rehabilitation of damaged service delivery stations, training service providers and community workers, and restoring reproductive health services to promote safe motherhood, adolescent reproductive health and access to condoms. UNFPA programmes also support community reintegration for victims of war and violence, specifically for youth ex-combatants and destitute women.

35. UNFPA addresses HIV/AIDS prevention as well as sexual and gender-based violence in conflict situations by deploying a six-pronged strategy that includes: HIV/AIDS prevention in the military, police, and in demobilization and peacekeeping forces; creation of a safe blood supply; the prevention of HIV/AIDS and sexually transmitted infections, and the promotion of a healthy lifestyle among vulnerable women affected by crisis; HIV/AIDS prevention among adolescent refugees and internally displaced persons; and strengthening the capacity of local NGOs.

36. At the inter-agency level, UNFPA continues to strengthen its networking and coordination role in assuring reproductive health care in emergency settings. In addition to being an active member of the Inter-Agency Standing Committee for Humanitarian Affairs, UNFPA has intensified its working partnerships with the Office of the United Nations High Commissioner for Refugees, the Joint United Nations Programme on HIV/AIDS (UNAIDS) and the Department of Peacekeeping Operations of the United Nations Secretariat.

37. In 2003, UNFPA convened regional inter-agency meetings in Cape Town, South Africa, and Akosombo, Ghana, to draw attention to the reproductive health dimensions of the Southern African food crisis and to conflict-driven devastation and continual displacement of people in West Africa. The Fund also continued its participation in the United Nations Consolidated Inter-Agency Appeals Process, participating in 14 appeals in 2002 and 18 in 2003.

H. Cooperation with the World Bank

38. In 2003, cooperation between UNFPA and the World Bank continued to grow with the implementation of the joint action plan agreed between the President of the World Bank and the Executive Director of UNFPA in October 2002. The joint action plan identified areas for expanded collaboration in population, reproductive health, HIV/AIDS, and gender and culture by: (a) sharing experiences, lessons learned, research and publications; (b) monitoring indicators; (c) developing training modules for gender mainstreaming; (d) participating in thematic working groups; and (e) creating greater awareness of PRSPs and other policy and programming frameworks.

39. Policy dialogues in selected countries on rich-poor differences in population and reproductive health outcomes are an important component of the action plan. The purpose of the policy dialogues is to shape poverty reduction strategy formulation to reach the poorest groups. One such policy dialogue was held in Dhaka in September 2003.

I. Information technology

40. During the World Summit on the Information Society in December 2003, UNFPA and the Government of Ireland released new open source software known as the portable knowledge asset development system. UNFPA and Business Information Systems of University College, Cork, Ireland, jointly developed the software, with funding from the Government of Ireland. It is a knowledge-sharing tool used to collect, distil and synthesize lessons learned to improve results and inform policy and development strategies. The software is a CD-ROM version of the UNFPA knowledge asset development system, which is now part of an organization-wide knowledge-sharing strategy. The portable knowledge asset development system, which has been issued in English, is being distributed free of charge and will be available in French and Spanish by the end of January 2004. The Government of Jordan will produce an Arabic version.

41. UNFPA continues to manage the population and reproductive health portal in the Development Gateway (http://www.developmentgateway.org/pop). UNFPA was the first United Nations agency to create a topical web site within the Development Gateway system. In 2003, UNFPA also assisted in the creation and management of a new Development Gateway web site on capacity development for the Millennium Development Goals. The web site is jointly maintained by UNDP and the World Bank Institute, in collaboration with UNFPA, the United Nations Capital Development Fund, UNAIDS and the Millennium Project.

42. The objective of UNFPA involvement in both web sites is to create public awareness about population issues within and beyond the development community. UNFPA also uses the population and reproductive health portal to distribute information about UNFPA knowledge-sharing activities, including the development and launch of the portable knowledge asset development system software. By early December 2003, the population and reproductive health portal had almost 4,000 members; more than 1,100 are NGOs and over 61 per cent are from developing countries, primarily from sub-Saharan Africa and South Asia.

II. Follow-up to international conferences and the Millennium Development Goals

43. In 2003, UNFPA conducted a field inquiry, in both developed and developing countries as well as in countries with economies in transition, on the implementation of the ICPD Programme of Action and of the key actions for its further implementation. The field inquiry aims to assess progress made in the 10 years since ICPD was held, and to identify constraints, lessons learned and best practices. UNFPA is also providing technical and financial support to developing countries and countries with economies in transition to further the national review process and identify strategies to accelerate the implementation of the ICPD Programme of Action.

44. UNFPA has supported the regional commissions as they prepare to mark the tenth anniversary of ICPD with regional reviews, including a regional analysis of the results of the field inquiry. The emphasis is on lessons learned and on the exchange of experiences at the regional level, so that countries can identify how they can be of assistance to each other through South-South cooperation.

45. Achieving the Millennium Development Goals, which incorporate many ICPD goals, remained central to the work of UNFPA. UNFPA prepared a guidance note on how to report progress towards achieving the Goals and circulated it to UNFPA country offices to guide their engagement in the Millennium Development Goals process. In addition to working with United Nations country teams, UNFPA country offices also supported national efforts in Millennium Development Goals reporting, especially with respect to maternal health, gender empowerment and HIV/AIDS prevention.

46. In addition, UNFPA continued to support national capacity-building in collecting census data that is critical for reporting progress. Advocating population and housing censuses was an important part of the UNFPA effort. UNFPA also participated in the Millennium Project task forces on poverty and maternal mortality and contributed to the work of the UNDG working group on the Millennium Development Goals and related indicators.

III. Recommendation

47. **The Executive Board may wish to take note of the present report and to transmit it to the Economic and Social Council, together with the comments and guidance provided by delegations at the present session.**

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UNFPA INTERCOUNTRY PROGRAMME, 2004-2007

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I. EXECUTIVE SUMMARY

1. The proposed UNFPA intercountry programme, 2004-2007, is designed to strengthen the capacity of countries to implement the Programme of Action of the International Conference on Population and Development (ICPD) and the key actions for the further implementation of the ICPD Programme of Action (ICPD+5). The programme is based on an objective and in-depth assessment of country needs and the identification of those needs that can be most effectively addressed through interregional and/or regional initiatives and exchanges. Such initiatives and exchanges strengthen and reinforce national capacity and create new possibilities to achieve ICPD goals at the country level.

2. The programme consists of five mutually reinforcing and interlinked components: an interregional programme and regional programmes for Africa, Asia and the Pacific, Arab States and Europe, and Latin America and the Caribbean. The regional programmes are closely related to programmatic and operational issues. The interregional activities are used to provide a global analysis of trends and emerging issues and to develop conceptual frameworks, models and tools that can be applied in a number of countries. Thus, all countries benefit from the innovative approaches identified, the lessons learned and the analysis at regional and interregional levels. Most importantly, the intercountry programme promotes consistency in approach and organizational learning.

3. The proposed programme is consistent with the goals and outcomes of the UNFPA multi-year funding framework (MYFF) (see annex) and is aligned with the new strategic direction of UNFPA that emerged from the Fund's transition process. It focuses on three programme areas: reproductive health, population and development strategies, and gender.

4. The new strategic direction of UNFPA is designed to improve its contribution to the achievement of development goals, to improve resource utilization and to implement its policies more effectively. UNFPA should therefore adopt a more strategic and alliance-building approach to programming. It should act as a catalyst to leverage and guide the use of resources of governments and other development partners to promote and implement the ICPD agenda. This calls for UNFPA to document and share lessons learned to increase the effectiveness and impact of country programmes.

5. To undertake such a strategy, the intercountry programme will focus on generating and collating technical expertise and experiences that will lead to the design and implementation of activities and services that others can emulate. Its primary concern will be to promote research, innovative thinking and experiences, networking and the dissemination of information to increase replicable experiences, best practices and lessons learned that governments, donors and civil society can adopt and implement on a larger scale. This modality has proven to be cost effective since it avoids duplication of efforts and reduces operational costs at the country level.

6. The overall objective of the intercountry programme is to strengthen policy dialogue, development frameworks and programming processes by addressing specific challenges in five key substantive areas: population, poverty and development linkages; improving the quality of reproductive health services; addressing the needs of adolescents and youth; preventing HIV infection; and addressing gender equity and equality and human rights in different cultural contexts. This objective will be broadly supported by advocacy activities aimed at promoting partnerships based on results obtained in each of the substantive areas and at promoting an enabling environment to achieve ICPD goals.

7. The intercountry programme builds on lessons learned from the previous intercountry programme, 2000-2003, a review of which is contained in document DP/FPA/2004/3/Add.1. It adopts a more integrated approach and focuses on a limited number of substantive areas. It is intended to serve as an important tool to identify, collect or produce replicable experiences that will enable UNFPA to strengthen partnerships and better support the implementation of national strategies to promote the ICPD agenda.

8. A management plan to ensure optimal linkage and collaboration between the interregional and regional programmes, close monitoring and evaluation of projects, and quality control in the design and execution of projects and in the selection of partner agencies will guide the programme. UNFPA proposes to support an intercountry programme in the amount of $226 million, of which $124 million will be programmed from regular resources and $102 million from other resources, to the extent that such resources are available.

II. PROPOSED INTERCOUNTRY PROGRAMME, 2004-2007

A. Overview

9. The proposed intercountry programme is based on an objective and in-depth assessment of country needs – which remain the focus of UNFPA assistance – and an identification of those needs that can be best met or met only through activities at the intercountry level. Its priorities have been defined through institution-wide consultations and respond to the need for greater cohesion between programming levels and substantive areas as well as for greater selectivity and focus. The intercountry programme builds on lessons learned to develop an integrated approach, focusing on a limited number of areas around which all support, whether from core or non-core funds, will be subsumed. The intercountry programme is consistent with the goals and outcomes of the MYFF and with the strategic direction of UNFPA. It will constitute an important tool to identify, collect or produce replicable experiences that will enable UNFPA to build partnerships and support the implementation of national strategies to promote the ICPD agenda.

10. For this purpose, UNFPA proposes to support an intercountry programme for 2004-2007 in the amount of $226 million, which represents approximately 15 per cent of programmable resources. Of this amount, $124 million will be programmed from the regular resources of the Fund. The balance of $102 million will be sought through co-financing modalities and/or other resources, including regular resources, to the extent such resources are available.

11. The proposed distribution of resources is provided in tables 2 and 3. The majority of the intercountry programme resources are intended to improve the capacity for action in the priority areas delineated in section II B. These funds will largely be outsourced to other United Nations agencies, non-governmental organizations (NGOs) and other executing partners.

12. Table 3 indicates that the intercountry programme will, in line with the MYFF, centre on three programme areas: reproductive health, population and development strategies, and gender. Many of the proposed outputs, however, suggest approaches that cut across substantive lines. Each output contributes to a specific MYFF outcome. Young people will be a priority of the intercountry programme, in order to better position UNFPA and its partners to address adolescent issues. This has proven to be one of the most cost-effective interventions to attain ICPD goals. Human rights, gender disparities, culture, preventing HIV infection and humanitarian issues will be addressed throughout the programme. The

activities of the regional and interregional programmes will be inserted into this framework, with the aim of supporting country programmes.

13. The intercountry programme for 2004-2007 will focus on a nucleus of policy and programming challenges that require a common methodological approach in order to better promote the ICPD agenda and the Millennium Development Goals (MDGs). The objective is to strengthen policy dialogue, development frameworks and programming processes by addressing priorities and challenges in five key substantive areas: (a) population, poverty and development linkages; (b) improving the quality of reproductive health services; (c) addressing the needs of adolescents and youth; (d) preventing HIV infection; and (e) addressing gender equity and equality and human rights in different cultural contexts. This objective will be broadly supported by advocacy activities that promote partnerships based on the results obtained in each of the substantive areas and that promote an enabling environment to achieve ICPD goals. The intercountry programme will thus help to implement the MYFF strategies on policy dialogue and advocacy, as well as promote partnerships leading to greater support for the ICPD agenda.

Table 2: Proposed distribution of resources in the intercountry programme, 2004-2007
(in millions of United States dollars)

Programme	Regular resources	Other resources	Total
Interregional	71	40	111
Africa	19	36	55
Asia and the Pacific	12	18	30
Arab States and Europe	11	4	15
Latin America and the Caribbean	11	4	15
Total	124	102	226

Table 3: Proposed distribution of resources by area and funding source
(in millions of United States dollars)

Area	Regular resources	Other resources	Total
Reproductive health	60	86	146
Population and development strategies	48	8	56
Gender	16	8	24
Total	124	102	226

B. Focus of the intercountry programme: strengthen policy dialogues, development frameworks and programming processes in key substantive areas

14. In accordance with its strategic direction, UNFPA is committed to developing more effective approaches in reproductive health, gender equity, and population and development strategies. These will form the basis for promoting partnerships that will leverage more effective support and greater resources to fulfil the ICPD and the MDG agendas. The development arena requires not only an upgrading of its knowledge base; it also demands that development agencies provide evidence-based examples of best

practices to demonstrate impact and catalyse progress. Stakeholder consultations have underscored the need for innovative conceptual approaches, focused strategies and proven models of action to meet current challenges. The intercountry programme review process also highlighted the need for a common institutional vision on major themes, concepts and emerging issues, in line with the strategic direction of the Fund. The intercountry programme will play a key role in helping UNFPA sharpen its comparative advantage, strengthen its niche and increase its effectiveness by improving its ledger of evidence-based arguments in support of policy-making and programming.

15. In this context, an overarching objective will be to identify, compile and develop better approaches in key areas. This will be achieved through research and analysis, improved data, the evaluation of results, strategic thinking, technical discussions, knowledge sharing and capacity-building. Evidence-based and field-proven approaches to critical problems will be scaled up and will inform policy development. These advances will facilitate successful partnerships with other development partners – whether governments, donors or civil society – and generate more effective action at country and community levels. The focus on improved capacity for policy dialogue and action in the intercountry programme will cut across regional and interregional programme lines, and also promote the integration of activities across substantive areas. Capacity-building will therefore be a key concern in implementing each of these priorities.

1. Population, poverty and development linkages

16. UNFPA is committed to eradicating poverty through attainment of the MDGs. In accordance with its mandate and comparative advantage, the intercountry programme will contribute to these efforts by providing evidence-based support to prepare and implement policies, plans and strategies that integrate population issues into sustainable human development processes and that promote sustained economic growth. The following outputs will result:

(a) Clear, conceptual frameworks and models linking population dynamics, reproductive health, including HIV/AIDS, human rights and gender to poverty, for use in national and global policy frameworks, notably in poverty reduction strategy papers (PRSPs);

(b) Updated, user-friendly databases in population, reproductive health and gender for use in policy-making and programming, including MDG reporting and MYFF monitoring. These will encompass censuses and surveys as well as innovative, qualitative and cost-effective methodologies. Particular attention will be given to reproductive morbidity (e.g., obstetric fistula and reproductive tract infections);

(c) Methodologies to measure the costs and benefits of investing in reproductive health interventions;

(d) Improved knowledge to address the policy implications of migration processes, population ageing and environmental problems linked to population change.

2. Improving the quality of reproductive health services

17. UNFPA is the lead United Nations agency in promoting the ICPD agenda on reproductive health and reproductive rights. The attainment of the MDGs to improve maternal health and reduce HIV/AIDS will depend in large measure on improving the quality of reproductive health services and supplies.

Despite considerable progress in implementing the ICPD agenda on reproductive health, gaps persist in operationalizing high-quality reproductive health care. The intercountry programme will address these constraints and contribute to interagency efforts through the following outputs:

(a) Improved strategies to empower communities, women and young people to demand high-quality sexual and reproductive health services;

(b) Evidence-based arguments that demonstrate the social and economic impact of incorporating reproductive health and reproductive rights components into health reform and sector-wide approaches;

(c) Effective approaches to deliver the priority components of reproductive health services, including the availability of, and access to, high-quality reproductive health commodities;

(d) Improved approaches to meet reproductive health needs in emergency and post-conflict situations.

3. Addressing the needs of adolescents and youth

18. Working with youth is critical in implementing the ICPD agenda. During the previous intercountry programme, UNFPA shifted from a rather narrow sexual and reproductive health focus to one that recognizes the real-life needs of adolescents. This process highlighted the plight of young people in especially vulnerable situations and the need to improve existing approaches in working with them. During the intercountry programme, 2004-2007, UNFPA will generate evidence-based strategies to reach these groups more effectively. The Fund will work to strengthen capacity in gender-based policy development and programming on adolescent and youth needs and rights, with a focus on specific priority groups. The intercountry programme will produce the following outputs:

(a) Strategies to prevent early marriage and to promote reproductive health and reproductive rights among married adolescent girls;

(b) Tested responses to address the needs of adolescent refugees and internally displaced young people;

(c) Strategies to work with boys and young men to promote gender equality and equity as well as reproductive health and reproductive rights.

4. Preventing HIV infection

19. The decision to focus on preventing HIV infection has been instrumental in clarifying areas where UNFPA will concentrate its efforts. Challenges persist in mainstreaming and in scaling up prevention efforts through sexual and reproductive health services and community participation. The situation of key target groups needs to be addressed more effectively through multisector approaches and interagency initiatives. During the intercountry programme, the following outputs will be produced:

(a) Strategies for comprehensive condom programming (supply, demand, use, environment and access) in reproductive health programmes, including dual protection;

(b) Effective approaches and strengthened capacity to scale up HIV prevention efforts for young people and for pregnant women and their partners;

(c) Improved approaches to address the sexual and reproductive health rights and needs of HIV-positive women and adolescent girls.

5. Addressing gender equity and equality and human rights in different cultural contexts

20. More effective policies and programmes to promote gender equity and equality, and to highlight the importance of cultural and religious issues in promoting the ICPD agenda, are needed. The widespread prevalence of gender-based violence; its personal, economic and social costs; and its impact on sexual and reproductive health, maternal mortality and morbidity, and the transmission of HIV and sexually transmitted infections (STIs), warrant more effective policies and actions. UNFPA has therefore initiated activities in these areas that will be enhanced through the following outputs:

(a) Improved understanding of the cultural parameters defining gender and human rights, as well as their implications in shaping reproductive health programmes in varying cultural contexts;

(b) The availability of a rights-based approach to programming;

(c) Effective strategies to address sexual violence, especially as it affects young women;

(d) Methodologies to measure the costs and benefits of investing in women's empowerment and gender equality;

(e) Effective approaches to mainstream gender equity and equality in national budgets and in global, regional and national agendas.

21. Advocacy plays an enhanced role in the strategic direction of UNFPA. The advocacy component of the intercountry programme will promote results and replicable models generated from the key substantive areas indicated above and will use them to leverage more effective partnerships to implement the ICPD agenda. It will also be used to promote the ICPD agenda on a more general level, through advocacy activities and policy messages. Moreover, the advocacy component will help to counter misinformation campaigns that hinder implementation of the ICPD Programme of Action. The following outputs will be produced:

(a) Promotion of key results and lessons learned in the five substantive areas through knowledge sharing, thereby improving programmes, generating partnerships and mobilizing more resources for the ICPD agenda;

(b) Effective, evidence-based advocacy strategies to promote the ICPD agenda, especially sexual and reproductive health and rights, and the linkages between gender-based violence, HIV/AIDS, reproductive health and poverty;

(c) Partnerships and alliances with civil society, women's groups and faith-based organizations to promote the ICPD agenda;

(d) Mobilization of resources to attain ICPD financial targets, particularly in donor countries, by creating and fostering governmental, parliamentary, public and media constituencies.

22. By the end of the programme, it is expected that conceptual and operational advances will enable specific recommendations to be included in national, regional and global development frameworks and programming processes. These outputs will also facilitate policy dialogue with governments, donors and civil society, thereby strengthening partnerships and mobilizing resources to achieve ICPD goals.

III. MANAGEMENT PLAN

A. Linkages between the programmes

23. Successful implementation of the intercountry programme for 2004-2007 will depend on close interlinkages and mutual support between the regional and interregional programmes. It also requires knowledge sharing at all levels, to ensure that strategies, instruments and tools developed by the intercountry programme are relevant, applicable and practical for country programmes. This is particularly important in view of the common concerns expressed by geographical regions and headquarters during the consultative process.

24. For this purpose, central oversight of the intercountry programme and the application of its results, together with quality control in the design of projects, selection of partner agencies and the execution of projects, will be undertaken. Stronger internal procedures will be developed to ensure close monitoring and evaluation of projects, and to promote knowledge sharing of results. In order to avoid a large number of projects, the programme will focus exclusively on the outputs delineated in section II. Approval will be confined to projects that can be expected to contribute significantly to the achievement of the outputs. Both the interregional and regional programmes will focus on the same set of outputs. That is, both levels of the intercountry programme (interregional and regional) will focus on a common set of issues and concerns as outlined in section II, but with complimentary approaches and responsibilities.

25. Interregional activities focus on needs, issues and exchanges that are relevant at the global or organizational level and that require analyses, research, reflection and exchange within a comparative framework. Thus, when addressing global-level policy and programming issues aimed at forming a common institutional vision, UNFPA headquarters will take the lead. In consultation with the UNFPA Country Technical Services Teams (CSTs) and country offices, UNFPA headquarters will operationalize outputs that include developing conceptual frameworks; costing investments; generating research on global population issues; and designing a rights-based approach to programming.

26. Other outputs in the intercountry programme will require a more flexible, collaborative approach involving both the interregional and regional programmes. These include improving reproductive health services, HIV prevention, working with adolescents, people's needs in emergency situations, defining cultural parameters with respect to gender and human rights, and analysing needs in capacity-development. The interregional programme will summarize and generate lessons learned from prior experiences, both within and outside UNFPA, and channel them to the regional and country programmes, which will report on their practical application.

27. Regional programmes are designed primarily to deal with needs and opportunities arising at the regional level and to directly support country programmes. They will also promote some research and

exchange of information, which will centre primarily on issues that are relevant to the specific region, as well as on problems of an operational nature. In addition, regional programmes will be responsible for addressing problems and devising strategies that require a broader or more collaborative approach than is possible at the country level, such as networking among organizations in several countries. They will also be responsible for devising long-term capacity-development strategies for their respective regions. Regional programmes will deal with training and advocacy needs specific to the region, as well as emer[illegible] and sensitive sociocultural issues. Thus, the regional programmes will address issues that are relevant to their respective regions, such as religion, culture and human rights in Latin America and the Arab States; gender-based violence and female genital cutting in Africa and the Arab States; and improving the political environment for population and gender issues in Asia. They will also build partnerships with regional political and economic institutions to advance the ICPD agenda.

28. In accordance with the responsibilities defined in the UNFPA Technical Assistance Programme, the CSTs will play a major role in synthesizing, analysing and disseminating lessons learned or best practices drawn from country and regional experiences. Country offices will be responsible for incorporating relevant intercountry programme findings at the country level. Geographical divisions and CSTs will appraise the various models and approaches generated by the intercountry programme at both programme levels, documenting their efficacy in specific countries and commenting on their relevance and potential for replication on a larger scale.

29. Knowledge sharing will be a core component of the intercountry programme. A concerted effort will be made at headquarters and in the field to promote knowledge sharing and to disseminate, both within and outside the organization, tested models, tools, strategies and policies, so that evidence-based best practices may be implemented on a wider scale. Project results will be exchanged systematically between and among projects. In addition, the intercountry programme will promote the exchange of expertise and knowledge as well as technology transfer from one programme area to another, through publications such as the *State of World Population* report, web applications, networking and resource mobilization.

30. The intercountry programme will also serve as a framework to strengthen South-South cooperation. Lessons learned, best practices and replicable models from one region will be disseminated and implemented more effectively through this approach. The CSTs play an important role in assessing the availability of technical expertise and best practices in developing countries and in bringing them to the forefront. The regional programmes will make an explicit effort to share experiences and expertise through South-South cooperation.

31. The interregional and regional programmes will adopt a coordinated approach to support country programmes and interagency activities, interacting closely at all levels. Conceptual and operational advances at one level will feed into the system to be used at the global and regional levels and then distributed to countries. The success of these arrangements will require better linkages, communication channels and cohesion between interregional, regional and country programmes than has occurred in the past.

B. Capacity-building and choice of executing agency

32. Ensuring that the intercountry programme, especially its interregional component, draws on the most productive and up-to-date resources while also building capacity in developing countries, is one of the most important challenges that must be met. Sustainability in promoting the ICPD agenda depends in large part on capacity-development efforts in developing regions.

33. The intercountry programme will focus on a small number of clearly delineated outputs and a reduced number of projects. This will permit a careful choice of executing partners and proactive involvement by UNFPA in maintaining links with project executing partners. This will ensure the quality and pace of implementation as well as the relevance of activities and results to national needs.

34. Capacity-building and choice of executing agency will be addressed in accordance with the following principles: (a) a systematic effort will be made to reduce UNFPA execution in order to expand qualified executing agencies; (b) whenever possible, preference for project execution will be given to agencies or institutions located in developing regions that are comparable in quality to those in developed countries; (c) regional institutions whose capacity can be strengthened with support from the intercountry programme and from CSTs, and which can be expected to produce desired results on the basis of such support, will be given subsequent priority; (d) among agencies in developed regions, preference will be given to those that focus on capacity development and knowledge transfer to developing countries; (e) a capacity-development component will be built into the project by designing specific mechanisms for knowledge transfer and exchange; and (f) the performance of executing agencies that have previously worked with UNFPA will be rigorously appraised.

C. Monitoring and evaluation

35. A detailed monitoring and evaluation plan will be developed. The objective of this plan is two-fold: (a) to assess progress in achieving each of the intercountry programme outputs and undertaking timely, corrective action where necessary; and (b) to determine if the outputs are collectively yielding expected results and thus contributing to the achievement of UNFPA outcomes and goals, as stated in the MYFF.

36. Within the regional and interregional programmes, monitoring activities will assess the level of progress achieved by each project, as well as its contribution to achieving the respective intercountry programme output. This assessment will also provide information on the complementarity and collaboration between headquarters and the field on intercountry programme objectives and substantive areas.

37. The first step in the monitoring and evaluation process will be to ensure, during the project approval process, that the intended results are clearly linked to the proposed intercountry programme output. Interregional and regional projects will include a description of their monitoring and evaluation processes. Their progress in achieving intended results and their contribution to the intercountry programme outputs will be assessed annually. Emphasis will be on achieving results, rather than simply on implementing activities.

38. During annual regional planning meetings, country offices and CSTs will appraise both interregional and regional projects, assessing their relevance to their region or country and reviewing strategies and operational procedures. These assessments, which will be channelled into the annual review of the intercountry programme, will improve institutional knowledge and update all sectors on the advances being made.

39. In order to contribute to the UNFPA knowledge base on population programming, thematic evaluations will be conducted to assess the merits of selected strategies. In addition, studies of the operational aspects of UNFPA-supported country programme interventions will be undertaken to identify best practices in programme implementation.

40. During the final year of the intercountry programme, an evaluation will be conducted to assess the achievement of the proposed outputs. An important input of this exercise will be the evaluations of the major projects implemented under the intercountry programme.

41. Specifically, the monitoring and evaluation plan will:

(a) Provide a standard monitoring and evaluation framework for the regional and interregional programmes;

(b) Formulate, monitor and evaluate regional and interregional projects using the logical framework approach;

(c) Assess the contribution of the results of the interregional and regional projects to the intercountry programme outputs and the MYFF outcomes and goals;

(d) Involve CSTs and country offices in the collection and analysis of information on the relevance and practical application of intercountry programme products to country programmes;

(e) Provide information to assess, in a systematic manner, the intercountry programme as a whole, as well as the performance of its individual components;

(f) Use monitoring and evaluation data provided by different actors involved in programme management and implementation to improve the quality and impact of the intercountry programme.

IV. RECOMMENDATION

42. The Executive Director recommends that the Executive Board approve the proposed UNFPA intercountry programme, 2004-2007, as contained in document DP/FPA/2004/3, in the amount of $226 million, of which $124 million will be programmed from the regular resources of the Fund, to the extent that resources are available. UNFPA will seek the balance of $102 million through co-financing modalities and/or other resources, including regular resources, should these become available. This estimate is based on past experience, current trends and preliminary discussions with potential donors. The proposed distribution of funds is as follows: $111 million for the interregional programme; $55 million for the regional programme for sub-Saharan Africa; $30 million for the regional programme for Asia and the Pacific; $15 million for the regional programme for the Arab States and Europe; and $15 million for the regional programme for Latin America and the Caribbean.

ANNEX

Intercountry programme, 2004-2007, and its linkages with the MYFF, 2004-2007		
MYFF GOALS	**MYFF OUTCOMES**	**INTERCOUNTRY PROGRAMME OUTPUTS**
(1) All couples and individuals enjoy good reproductive health, including family planning and sexual health, throughout life	(i) Policy environment that promotes reproductive health and rights	1. Evidence-based arguments that demonstrate the social and economic impact of incorporating reproductive health and reproductive rights components into health reforms and sector-wide approaches 2. Strategies to prevent early marriage and to promote reproductive health and rights among married adolescent girls 3. Improved approaches to address the sexual and reproductive health needs of HIV-positive women and adolescent girls 4 Improved understanding of the cultural parameters defining gender and human rights, as well as their implications in shaping reproductive health programmes in varying cultural contexts 5. The availability of a rights-based approach to programming 6. Promotion of key results and lessons learned in the five substantive areas through knowledge sharing, thereby improving programmes, generating partnerships and mobilizing more resources for the ICPD agenda
	(ii) Access to comprehensive reproductive health services is increased	1. Effective approaches to deliver the priority components of reproductive health services, including the availability of, and access to, high-quality reproductive health commodities 2. Improved approaches to meet reproductive health needs in emergency and post-conflict situations 3. Tested responses to address the needs of adolescent refugees and internally displaced young people 4 Strategies for comprehensive condom programming (supply, demand, use, environment and access) in reproductive health programmes, including dual protection 5. Effective approaches and strengthened capacity to scale up HIV prevention efforts for young people and for pregnant women and their partners
	(iii) Demand for reproductive health is strengthened	1. Improved strategies to empower communities, women and young people to demand high-quality sexual and reproductive health services 2. Strategies to work with boys and young men to promote gender equality and equity as well as reproductive health and reproductive rights
(2) Countries address interactions between population dynamics, sustainable development and poverty, including the impact of HIV/AIDS	(iv) Utilization of age- and sex-disaggregated population-related data is improved	1. Updated, user-friendly databases in population, reproductive health and gender for use in policy-making and programming, including MDG reporting and MYFF monitoring
	(v) National, subnational and sectoral policies, plans and strategies take into account population and development linkages	1. Clear, conceptual frameworks and models linking population dynamics, reproductive health, including HIV/AIDS, human rights and gender to poverty, for use in national and global policy frameworks, notably in PRSPs 2. Methodologies to measure the costs and benefits of investing in reproductive health interventions 3. Improved knowledge to address the policy implications of migration processes, population ageing and environmental problems linked to population change 4. Effective, evidence-based advocacy strategies to promote the ICPD agenda, especially sexual and reproductive health and rights, and the linkages between gender-based violence, HIV/AIDS, reproductive health and poverty 5. Mobilization of resources to attain ICPD financial targets, particularly in donor countries, by creating and fostering governmental, parliamentary, public and media constituencies
(3) Gender equality and empowerment of women are achieved	(vi) Institutional mechanisms and sociocultural practices promote and protect the rights of women and girls and advance gender equity	1. Effective strategies to address sexual violence, especially as it affects young women 2. Methodologies to measure the costs and benefits of investing in women's empowerment and gender equality 3. Effective approaches to mainstream gender equity and equality in national budgets and in global, regional and national agendas 4 Partnerships and alliances with civil society, women's groups and faith-based organizations to promote the ICPD agenda

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REVIEW OF THE UNFPA INTERCOUNTRY PROGRAMME, 2000-2003

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I. OVERVIEW

1. This addendum reviews the UNFPA intercountry programme, 2000-2003, which the Executive Board approved in decision 2000/6. As indicated in table 1, the Board approved a total of $160 million for the intercountry programme, 2000-2003. Of this amount, $142 million was to come from regular funds and $18 million from other resources. Fifty-eight per cent of total resources were to be allocated to the interregional programme and the remaining 42 per cent were to be divided among the four regional programmes, with Africa receiving the largest amount. Reproductive health was to be allocated 49 per cent of total resources; population and development strategies, 28 per cent; and advocacy, 24 per cent, with gender issues cutting across each of the substantive areas.

Table 1: Resource expenditure of the UNFPA intercountry programme, 2000-2003, as of September 2003 (in millions of United States dollars)

Source	Approved	Expenditure
Regular resources	142	127
Other resources	18	71
Total	160	198

2. Although the original substantive and geographical priorities of the intercountry programme were maintained, some shifts from planned expenditures occurred. Core funds were reduced from $142 million to $127 million; however, other resources increased from $18 million to $71 million, due to the generosity of a number of donors, including Finland, Japan, the Netherlands, Norway, Sweden, the United Kingdom and the European Commission (EC). Reproductive health received the bulk of the additional funds. Changes in the external policy environment prompted a reassignment of funds to advocacy activities. UNFPA also received $93 million in trust funds from Canada, the Netherlands and the United Kingdom to address reproductive health commodity security shortfalls.

II. RESULTS ACHIEVED

3. The intercountry programme, 2000-2003, achieved most of its objectives. Both the regional and interregional programmes produced important results for national programmes, supported through country-level activities. The programme achieved a large number of outputs with limited transactional costs. Moreover, the intercountry programme helped to forge new partnerships to support the Programme of Action of the International Conference on Population and Development (ICPD), as well as strengthen and expand existing partnerships, both within and outside the United Nations system. This section reviews some of the main achievements of the intercountry programme. Major constraints and lessons learned are discussed in section III.

A. Reproductive health

4. The intercountry programme supported a broad range of initiatives to promote improved access to high-quality reproductive health care in the areas of: (a) adolescent sexual and reproductive health; (b) preventing HIV infection; (c) reducing maternal mortality and morbidity; (d) improving research capacity in human reproduction; (e) increasing access to contraception; and (f) humanitarian assistance. In addition, the programme initiated an analysis of the influence of culture on reproductive health behaviour.

5. Adolescent sexual and reproductive health. Conceptual and operational issues in adolescent

sexual and reproductive health received a major boost from the intercountry programme, 2000-2003. The research and exchange of information helped UNFPA redefine and refocus its approach. UNFPA is now moving from a more traditional approach centred on sexual and reproductive health education and services towards a more comprehensive, developmental approach based on the real-life needs of adolescents. For example, the African Youth Alliance is integrating adolescent sexual and reproductive health into livelihood programmes in several African countries.

6. The intercountry programme systematized lessons learned and good practices. Projects reflected greater emphasis on policy development in the following areas: (a) empowering youth; (b) gender equity and equality; (c) life skills education; (d) behavioural change interventions; (e) capacity-building; (f) peer education and youth-friendly service delivery; and (g) strategies for vulnerable groups. In Asia, a project executed by the Japanese Organization for International Cooperation in Family Planning (JOICFP) undertook research on adolescent sexual and reproductive health behaviour, organized intercountry training and pilot tested adolescent sexual and reproductive health models in Malaysia, Nepal and Sri Lanka. Another JOICFP-executed project strengthened and institutionalized operational strategies for information, education and communication (IEC) and advocacy; at the country level, it reviewed, compiled and developed model IEC/advocacy strategies and tools for reproductive health.

7. To ensure a favourable environment for adolescent sexual and reproductive health activities, the intercountry programme focused on strategies at the community level that involved parents, traditional leaders and other adults. Efforts centred on building partnerships, including with other United Nations agencies. In Asia, community-based sensitization efforts with religious leaders, teachers and parents encouraged more discussion of issues and led to greater support for projects. In Latin America, the programme achieved political and financial commitments from municipal authorities for adolescent sexual and reproductive health programmes through training and advocacy involving adults and parents.

8. In the Arab States and Europe, the programme promoted peer-based approaches to reproductive health for youth in seven countries through the network of boy scouts and girl guides. A large network was created to disseminate standard messages and techniques among regional institutions active in peer education and services. In Africa, community-based behaviour change communication programmes and materials were developed with the participation of community members, to reflect the unique situation of each community. This approach promoted the empowerment of women and youth and community-wide discussions on community development issues. In addition, an African youth network was established to exchange information on best practices and lessons learned on adolescent sexual and reproductive health and HIV/AIDS issues.

9. Preventing HIV infection. Under the intercountry programme, UNFPA made major strides in addressing HIV/AIDS and in defining the Fund's primary role in this area. UNFPA will emphasize prevention efforts and build linkages between prevention and reproductive health programmes. The intercountry programme strengthened institutional capacity at headquarters and in the field through training and learning programmes, technical and programmatic tools, and strategic guidance. It gave special emphasis to vulnerable groups, including those in humanitarian crises.

10. Advocacy, partnership and programmatic tools were primary outputs in HIV prevention. Support to interagency mechanisms, including co-sponsorship of the Joint United Nations Programme on HIV/AIDS (UNAIDS); partnerships with the Population Council, the Program for Appropriate Technology in Health, the International Planned Parenthood Federation, the Margaret Sanger Center

International and EngenderHealth, and alliances with the EC, the Organization of the Petroleum Exporting Countries and the African Youth Alliance generated important contributions.

11. UNFPA has been a driving force in protecting pregnant women from HIV infection as part of efforts to prevent mother-to-child transmission. UNFPA also emphasized the critical role of young people in prevention efforts and the need to address users' needs and perceptions in condom programming. The provision of data on resource flows for HIV/AIDS, communication strategies and HIV prevention in humanitarian response settings have also been key interventions of the intercountry programme. UNFPA was designated as the UNAIDS convening agency for young people and for condom programming to prevent HIV, which reflects the Fund's leadership in these areas.

12. HIV prevention efforts were also integrated into adolescent sexual and reproductive health and advocacy programmes through the regional programmes. In Africa, UNFPA worked with the African Youth Alliance in partnership with governments, non-governmental organizations (NGOs) and the private sector to provide young people with skills, information and services needed to prevent HIV infection. The interagency joint advocacy initiative, which enlists African leaders and generates financial support in the fight against HIV/AIDS, was created. In Asia, HIV/AIDS issues were integrated into reproductive health education in four countries through the EC/UNFPA Initiative for Reproductive Health in Asia. In Eastern Europe, UNFPA promoted a comprehensive response to reduce the vulnerability of young people to HIV/AIDS and to empower them to combat the epidemic. This effort has improved communication networks and peer education programmes throughout the region, through means such as the youth peer education electronic resource network.

13. In the Latin America and Caribbean region, a comprehensive development strategy was designed and adolescent sexual and reproductive health initiatives were incorporated into interventions related to HIV/AIDS. A regional strategy was also designed to provide leverage for HIV/AIDS interventions. Innovative approaches, such as engaging human rights institutes to advance HIV/AIDS legislation and working with the armed forces to promote male responsibility, resulted in strengthened partnerships.

14. Reducing maternal mortality and morbidity. In cooperation with a coalition of partners, the intercountry programme successfully broadened and operationalized efforts to reduce maternal mortality and morbidity. The focus was on the provision of emergency obstetric care. Pilot projects were undertaken in several countries to identify the best strategy to deliver such care. An encouraging result was the integration of emergency obstetric care into various national programmes, using national resources and external funds.

15. In the Latin America and Caribbean region, an interagency task force, consisting of UNFPA, the Pan American Health Organization (PAHO)/World Health Organization (WHO), the United Nations Children's Fund (UNICEF), the World Bank and the Inter-American Development Bank, identified key interventions to reduce maternal mortality and produced a common regional strategy. In the Arab States, the Pan Arab Project for Family Health (PAPFAM), a multi-country family health survey, provided a set of essential indicators. The indicators enabled ministries of health and other institutions to monitor national goals and plans to improve reproductive health services and child health. National teams, supported by UNFPA and the Arab Gulf Programme for United Nations Development Organizations, conducted the surveys, which also collected data on young people's health, community support and gender perspectives.

16. The intercountry programme provided support to eradicate obstetric fistula through prevention, treatment and social reintegration of fistula survivors. Ten countries in Africa conducted needs assessments, repaired obstetric fistula, created awareness and developed national action plans. A network was established to link experts, some of whom had been working in isolation for decades. For the first time, fistula problems gained large-scale visibility and support.

17. The prevention of gender-based violence was another focus of the programme. Efforts centred on training service providers to deal with gender-based violence. The programme designed monitoring tools to assess the effectiveness of responses by health providers and education tools to prevent gender-based violence. In the Latin America and Caribbean region, an interagency task force developed a regional strategy for mortality reduction and comprehensive care to victims of sexual violence. In the Arab States, a regional initiative incorporated a gender, rights-based dimension into local planning and health initiatives through research, training, IEC and advocacy activities.

18. Improving research capacity in human reproduction. The human reproduction programme, a major initiative supported by the intercountry programme and executed by WHO, sought to improve research capacity in human reproduction. An external evaluation of the programme found that it had made significant contributions. For instance, the number of countries that approved the use of emergency contraception rose, from 3 in 1995, to 96 in 2002, largely as a result of the programme's ability to influence policy and service-delivery practices. Research on the effectiveness and safety of contraceptives, such as copper-bearing intrauterine devices, led to changes in practices and to improved contraceptive performance. Moreover, the programme continued to maintain an impressive global research network, supporting 123 centres in 59 countries, mostly in developing regions.

19. Improving the coverage and quality of reproductive health services, including increasing access to contraception. The intercountry programme promoted accessibility to modern and inexpensive contraceptives through research in product development and through guidelines for service providers. High-quality reproductive health supplies were made available on a large scale through reproductive health commodity security initiatives. The programme also undertook collaborative efforts at the international level to increase the supply of modern contraceptives. UNFPA supported the Population Council in developing affordable contraceptive methods and WHO in developing eligibility criteria for contraceptive methods and in disseminating recommendations for contraceptive use. In implementing its reproductive health commodity security strategy, UNFPA worked closely with other development partners as well as with country offices and CSTs in capacity development, advocacy and resource mobilization. The work in this area influenced policy dialogue and helped countries address issues of sustainability.

20. In line with the new strategic direction of UNFPA, the intercountry programme undertook various activities to develop the Fund's capacity in sector-wide approaches (SWAps) and poverty reduction strategy papers (PRSPs). The intercountry programme launched a training course in conjunction with the World Bank Institute and conducted an in-depth review of four countries' experiences in SWAps. It also produced materials and tools on costing reproductive health services and a self-learning module. The programme improved the Fund's capacity to introduce reproductive health concerns into health sector reforms.

21. The intercountry programme supported the development of an innovative interagency strategy to assist women in making informed reproductive health decisions and to improve their ability to demand high-quality reproductive health services. In close collaboration with the International Labour

Organization's STEP (strategies and tools against social exclusion and poverty) programme, UNICEF and WHO, UNFPA carried out this community-level project in six countries. It promoted a participatory approach, local capacity-building and accountability within a rights-based framework. It also supported policy dialogue to define the best approach to address quality-of-care issues. Programme and policy guidelines were developed, based on country-level experiences.

22. In the Latin America and Caribbean region, UNFPA is spearheading, in cooperation with the World Bank and PAHO/WHO, a regional strategy to integrate reproductive health components into health sector reforms. In Asia, the International Council on Management of Population Programmes executed a project to strengthen NGO capacity in India, the Lao People's Democratic Republic and Pakistan. A partner NGO was identified in each of these countries to implement reproductive health interventions, utilizing a participatory and community-based approach.

23. Humanitarian assistance. A critical component of the intercountry programme was assistance provided to emergency and post-conflict situations. The intercountry programme provided direct humanitarian assistance and also integrated issues related to reproductive health, gender and population into the humanitarian and rehabilitation efforts of the international community, local authorities and civil society. Resources were used to support country offices, enable rapid responses and provide technical and operational backstopping to humanitarian and post-conflict programmes. The programme conducted needs assessments in sexual and reproductive health, emphasizing the needs of adolescents. It also provided training for country offices to deliver services in crisis situations and distributed emergency reproductive health kits. Principal beneficiary countries included Afghanistan, Burundi, Colombia, Eritrea, Iraq, Kosovo, Liberia, Rwanda, Sierra Leone, Somalia, Sudan and Timor-Leste. In Africa, a partnership for peace-building efforts involving women was established with the Mano River Union countries (Guinea, Liberia and Sierra Leone).

B. Population and development strategies

24. In order to increase commitment for the integration of population and development issues, UNFPA promoted awareness, both within and outside the United Nations system, of the complex linkages between population and poverty. Global dialogue, training workshops and publications helped to increase understanding of these linkages and their relationship to reproductive health, gender and sustainable development issues. The programme reinforced the capacity of UNFPA country offices to contribute to common country assessments, United Nations Development Assistance Frameworks, Millennium Development Goals (MDGs) and PRSPs. As part of the ten-year anniversary of ICPD, a field inquiry on experiences in implementing the ICPD was carried out in 151 countries.

25. In the area of data, indicators, information systems and research, the Southern African Development Community census project helped to harmonize census methodologies for the countries of that region. Partnerships with the United States Bureau of the Census, the Canadian International Development Agency, the World Bank, the United States Agency for International Development and the Partnership in Statistics for Development in the 21st Century (PARIS 21) were instrumental in this undertaking. The Latin America and Caribbean region supported the regional women's health network in developing an indicator system for civil society to track implementation of the ICPD Programme of Action. This provided effective monitoring instruments and promoted government accountability.

26. As leader of the census task team of PARIS 21, and in partnership with the Statistics Division of the United Nations Department of Economic and Social Affairs, UNFPA continued to provide global

leadership for population censuses. The programme emphasized national capacity-building and the use of census data in policy dialogue, especially in relation to national poverty reduction efforts and MDG monitoring. The intercountry programme also supported innovative research on methodologies to contain census costs and devise alternative approaches to conducting censuses. As a result, the programme published three manuals for use by statistical offices and census bureaux in developing countries. The programme also provided financial and technical resources for training, meetings and capacity-building in statistics at the regional level.

27. The Asia and the Pacific Division and the Technical Support Division of UNFPA, in collaboration with the Nihon University Population Research Institute, organized a regional workshop on health expectancy. It encouraged the collection of longitudinal data in developing countries in order to facilitate better monitoring of national health and to improve the quality of life. It also trained researchers from developing countries to deal with aspects of health expectancy using cross-sectional and longitudinal data. Another focus of the intercountry programme was to provide support to identify indicators to monitor gender mainstreaming. UNFPA, in partnership with the United Nations Economic Commission for Latin America and the Caribbean, designed a system of indicators to monitor ICPD follow-up by governments and to monitor health-related issues in the Beijing Platform for Action.

28. In the Arab States, the intercountry programme established a population policies and information system in the United Nations Economic and Social Commission for Western Asia to monitor ICPD progress in the region. Support provided to the population research division of the League of Arab States was instrumental in obtaining commitments from ministers of health and social affairs for youth, women's empowerment, and reproductive health and rights. It also helped to place complex population issues on national agendas and build a regional consensus. Support to the population activities unit of the United Nations Economic Commission for Europe (ECE) helped maintain a database to monitor ICPD indicators in ECE member countries. Under the coordination of the ECE population activities unit, a consortium of European research institutes analysed the family fertility surveys conducted in the 1990s. The unit also drew attention to the status, aspirations and attitudes of older persons.

29. Working in partnership with institutions such as the International Union for the Scientific Study of Population (IUSSP), the Committee for International Cooperation in National Research in Demography, the International Institute on Ageing and HelpAge International, UNFPA provided inputs for the preparatory processes of United Nations conferences, emphasizing the linkages between population, poverty and gender. For example, UNFPA published *Situation and Voices of the Older Poor and Excluded in South Africa and India* as a contribution to the Second World Assembly on Ageing in Madrid in April 2002. The Fifth Asian and Pacific Population Conference, held in Bangkok in December 2002, issued a plan of action and a strategic direction for future policies and programmes in the region.

30. The intercountry programme supported capacity-building through training initiatives in population and development. For example, UNFPA worked with the Asian Urban Information Center of Kobe to provide training for urban administrators. UNFPA also provided support to the Netherlands Interdisciplinary Demographic Institute to monitor progress towards achieving ICPD financial targets, through data collection of donor and domestic resource flows for population activities and through the publication of an annual report.

31. To promote the integration of population issues into the development agenda, UNFPA organized a number of meetings on population and poverty at headquarters and in the Latin America and Caribbean region. UNFPA also organized or supported several other meetings on gender equality, ageing, migration

and the environment, and supported publications on these issues. In Asia, UNFPA collaborated with IUSSP in organizing a regional population conference to analyse the implications of changing demographic dynamics on the macroeconomic environment in South-East Asia.

32. The intercountry programme developed a conceptual framework to analyse population change in sub-Saharan Africa through the Africa Social Research Programme, a research initiative that examines issues that affect reproductive health and population change in sub-Saharan Africa. The intercountry programme also supported studies on population change and culture, traditional values and other factors affecting HIV infection. These studies strengthened the capacity of research institutions, mobilized community participation and created a culture of evidence-based programming.

C. Advocacy

33. The intercountry programme supported global, corporate and programme advocacy, focusing on global and regional policy makers, legislators and parliamentarians, donors, NGOs, civil society organizations and the media. Advocacy centred on adolescent sexual and reproductive health, gender-based violence, male responsibility, HIV/AIDS, and population and sustainable development. The programme provided assistance for meetings and conferences, such as Beijing+5 and the World Youth Forum. The programme also supported organizations such as The Population Institute and JOICFP as well as the policy dialogues organized by the Society for International Development, which aimed to integrate the ICPD agenda into regional and national policy dialogues.

34. In Africa, parliamentarians held a regional meeting in Benin to promote the integration of population and development into The New Partnership for Africa's Development. The regional programme for Africa developed a computer model to raise awareness of population issues. In Asia, the United Nations Economic and Social Commission for Asia and the Pacific and the United Nations Educational, Scientific and Cultural Organization executed a regional project on population and development, adolescent sexual and reproductive health, and population education.

35. The Latin America and Caribbean region worked with women's bureaux and regional health and rights advocacy groups to promote rights and gender equity and to prevent gender violence. Alliances with the Inter-American Institute of Human Rights and national ombudsmen's offices resulted in the incorporation of reproductive rights in the agendas of these institutions. UNFPA also led the Symposium 2001 interagency initiative on gender violence, health and rights in the Americas. United Nations organizations and NGOs adopted the Symposium's call to action as a principal conceptual and operational reference. The initiative resulted in the design of a standard legislative module on domestic violence and a multisectoral model for victims of gender-based violence. Advocacy materials, training workshops and networking initiatives developed by UNFPA and the Inter-American Parliamentary Group on Population and Development (IAPG) helped parliamentarians in the Americas integrate reproductive health and rights into legislation.

36. To enlist the support of parliamentarians in the Arab States, the intercountry programme focused on consensus-building efforts and joint declarations. National teams in five countries conducted a study of existing legislation on gender-based violence and on adolescents. The results were used to inform parliamentarians about legislative flaws regarding the protection of women and adolescents. The programme also provided advocacy training for ICPD spokespersons.

37. In Asia, the emphasis was on building and sustaining support from parliamentarians, including the enactment of new laws against gender violence in some of the countries of the region and support to international funding efforts for UNFPA. The Asian Population and Development Association also executed two projects to enhance the understanding of Asian parliamentarians of the relationship between domestic and global population issues and sustainable development.

38. In Africa, the Forum of African and Arab Parliamentarians on Population and Development (FAAPPD) produced standard legislation on reproductive health that has already been adopted by some countries. FAAPPD is also developing a legislative framework for HIV/AIDS. With support from the intercountry programme, the United Nations Economic Commission for Africa developed an interactive computer simulation model to illustrate the interactions between population, the environment, socio-economic development and agriculture and to improve understanding of these interactions.

39. The flagship publication of UNFPA, the *State of World Population* report, was prepared annually through support from the intercountry programme. It increased visibility, credibility and support for UNFPA at the global level, strengthened national capacity and built constituencies. The topics addressed were consistent with organizational priorities and addressed important issues in reproductive health and population and development strategies, as well as crosscutting issues. The report was integrated into global and national advocacy efforts, including World Population Day, the annual poster contest, national population reports and the activities of civil society organizations. Advocacy materials targeted lawyers, health-care workers, and population and reproductive health researchers.

40. Each of the regional programmes designed advocacy materials on priority issues. For instance, the regional programme for Africa launched an HIV/AIDS advocacy kit on World Aids Day and distributed indicators on harmful practices. In the Latin America and Caribbean region, a project executed by IAPG supported population and reproductive health initiatives. In Asia, project results were disseminated to parliamentarians and, in the Arab States, a weekly electronic journal providing updated information on population and reproductive health was made available to approximately 2,000 users in Europe and Central Asia.

41. Building constituencies was a primary concern for UNFPA during a time of dwindling resources and organized opposition to sexual and reproductive health, especially during the period leading up to the five-year review of the Beijing Platform for Action (Beijing+5). UNFPA support to women's NGOs advocating reproductive health and rights resulted in a consensus that was incorporated in the Beijing+5 outcome document. Advocacy, particularly in donor countries, involved parliamentarians, UNFPA goodwill ambassadors, journalists, political groups and NGOs. The decision by several European Union countries to increase funding for sexual and reproductive health attests to the success of these efforts.

42. At the global level, UNFPA helped to establish, in collaboration with national, regional and global parliamentary groups, a mechanism for parliamentarians from all regions to meet on a regular basis to monitor progress in fulfilling the ICPD commitments. The International Parliamentarians' Conference on the Implementation of the ICPD Programme of Action (IPCI ICPD), held in Ottawa, Canada, in November 2002, was the first in a series of global parliamentarians' conferences on resource mobilization and the creation of an enabling environment for population and development. IPCI ICPD will be held every two years to ensure follow-up on the commitments made by parliamentarians. As the permanent secretariat for this conference, UNFPA will keep parliamentarians informed of progress on population funding, national laws, and population policies and programmes through an electronic mail LISTSERV.

43. Regional programmes undertook analogous initiatives. The regional programme for Asia focused on parliamentarians and obtained support for national programmes and global activities, while the regional programme for the Arab States and Europe mobilized parliamentarians to support adolescent rights and the elimination of gender-based violence. The Africa regional programme worked with parliamentarians and faith-based organizations to improve policies. A strengthened advocacy role resulted in legislative and policy changes on population issues and reproductive health rights in several African countries. The fourth and fifth conferences of African women ministers and parliamentarians discussed gender and HIV/AIDS. In the Latin America and Caribbean region, the programme strengthened partnerships with parliamentarians and women's health and rights organizations, in an effort to consolidate ICPD advances and counter opposition groups.

III. MAJOR CONSTRAINTS AND LESSONS LEARNED

44. As described in section II, the intercountry programme, 2000-2003, made significant contributions to the ICPD agenda. Notwithstanding these achievements, several reviews and evaluations revealed some shortcomings in the programme. Part of these stemmed from the difficulty in documenting results, while others stemmed from an expansion of project activities. Overall, the intercountry programme covered a large and diverse set of initiatives. It would have been more effective if it had focused on fewer issues.

45. UNFPA was highly successful in fundraising during the intercountry programme. This helped to compensate for reductions in core resources caused by the changing political and economic scenario. On an operational level, however, the influx of non-core funds led to a large quantity of projects, an expansion of paperwork and a high level of UNFPA project execution. It also made linkages between programme levels and substantive areas more difficult to establish and maintain. In addition, linkages between programme levels (interregional, regional and national) were not always clear. Although the programme aimed to make all project results relevant for country programmes, UNFPA country offices and CSTs were not always involved in the design and implementation of projects. This is critical since one of the comparative advantages of UNFPA is the strength of its technical capacity at both country and regional levels.

46. Moreover, the intercountry programme, 2000-2003, was designed before the transition process began at UNFPA. It preceded the adoption of the Fund's strategic direction, which calls for an integrated approach to generate replicable models and strengthen capacity-building to promote the ICPD agenda. Activities within the different programme components were not always developed under a comprehensive framework. Some pilot projects were implemented without clear plans to replicate them. Other projects and activities were not sustainable, because they did not consider issues such as replicability, capacity-building or the use of project results in their design.

47. Similarly, knowledge sharing was at an initial stage in UNFPA at the start of the intercountry programme, 2000-2003. Results were not always disseminated to potential users and there was not enough exchange of results among projects. The exchange of expertise, knowledge and technology from one level to another was an additional concern.

48. The intercountry programme, 2000-2003, was approved at a time when UNFPA was beginning to adopt a results-based approach. Although the Fund tried to formulate a results-based intercountry programme with improved monitoring and evaluation activities, the programme focused more on activities than on results. Furthermore, the expansion of funds, activities and projects did not favour

results-based monitoring. Managing the intercountry programme required more human resources than were available at UNFPA. It required more comprehensive planning, a greater capacity to coordinate interregional, regional and country programmes, and the ability to adjust to an unpredictable funding environment.

49. Several changes will be made in the structure and management of the intercountry programme, 2004-2007, so that it can better support the ICPD agenda. The new programme will take into account evolving country and regional needs, the weaknesses identified above and changes in both the external and internal policy environment.

50. To ensure that intercountry programme activities are relevant to country programmes, UNFPA country offices and CSTs will be involved in the design, implementation, monitoring and evaluation of the interregional and regional programmes. UNFPA country offices will appraise needs, define priorities, identify executing organizations and assess the relevance of the intercountry programme to country needs. UNFPA followed such an approach during the preparatory phase of the intercountry programme, 2004-2007.

51. To improve programme sustainability, the design and implementation of intercountry programme activities must address capacity-building. A recent thematic evaluation stressed the need for UNFPA to update its capacity-building strategy. In accordance with the Fund's commitment to capacity-building, the intercountry programme will include human and organizational capacity-building in each output and will give priority to organizations in developing countries.

52. The intercountry programme, 2004-2007, will also be consistent with the strategic direction of UNFPA, which aims to improve effectiveness in policy dialogue, development frameworks and programming processes. The programme will identify or generate replicable experiences, best practices and lessons learned. Activities will generate support for the ICPD policy agenda in the context of the MDGs and will mobilize resources in each country for that purpose. This overarching concern for the ICPD policy agenda will constitute the framework of the intercountry programme, 2004-2007.

53. Knowledge sharing will be an integral part of the intercountry programme framework, to ensure that lessons learned and best practices are channelled into the system, to be tested and implemented on a larger scale. UNFPA execution of projects will be kept to a minimum. The Fund will appraise the performance of each executing agency prior to assigning additional projects.

54. In view of the diverse activities carried out under the intercountry programme, UNFPA will establish a rigorous management system for planning, implementing and evaluating activities. A focused intercountry programme will permit the identification of clear outputs and better-managed interventions. The intercountry programme requires systematic monitoring and proactive involvement with executing partners. Staffing adjustments will also be factored into the execution of the intercountry programme to ensure its efficient implementation.

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UNITED NATIONS POPULATION FUND

THE MULTI-YEAR FUNDING FRAMEWORK, 2004–2007

Report of the Executive Director

Summary

This report presents the Fund's second multi-year funding framework (MYFF), covering the period 2004–2007. It provides background information on the MYFF as the Fund's medium-term strategic plan, lessons learned in implementing the first MYFF, and the process used to develop the second MYFF. It provides a contextual analysis of the external and internal environment in which the Fund must implement the MYFF. The report presents the strategic results framework (SRF) that outlines the MYFF development goals, outcomes, indicators and strategies, and provides a rationale for their selection. The report also presents the integrated resources framework (IRF) that sets out resource requirements for 2004–2007. The report outlines how the Fund will monitor its progress in managing for results, and how it will report on results. Finally, the report suggests elements for a decision by the Executive Board. Annex A provides the MYFF strategic results framework in tabular form. Annex B contains a matrix which delineates the goals and indicators and their links to targets and benchmarks of the International Conference on Population and Development (ICPD), ICPD+5, other international conferences, and the Millennium Development Goals (MDGs).

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I. INTRODUCTION

A. Background

1. The multi-year funding framework (MYFF) is the UNFPA medium-term strategic plan and aims to strengthen the Fund's contribution to the implementation of the Programme of Action of the International Conference on Population and Development (ICPD) in the context of poverty reduction. The MYFF seeks to enhance organizational effectiveness in achieving development results, an important factor in increasing partners' confidence and mobilizing resources. This document presents the Fund's second MYFF, covering the period 2004–2007. The Fund presented its first MYFF (DP/FPA/2000/6) in April 2000, in response to the Executive Board's request to develop a multi-year funding framework with the overall objective of increasing core resources. At its annual session in June 2003, the Executive Board welcomed the progress outlined in the MYFF cumulative report 2000–2003 (DP/FPA/2003/4 (Part II)) and in decision 2003/17 approved the strategic considerations as the basis for the preparation of the MYFF 2004–2007. The Board urged UNFPA to ensure that the second MYFF becomes the main policy document of the Fund, as well as its strategic resource and management tool.

2. The MYFF comprises a strategic results framework (SRF) and an integrated resources framework (IRF). The SRF specifies clearly defined organizational results and indicators to monitor progress towards these results, and strategies to achieve them. The IRF estimates the resource requirements for the MYFF period. The MYFF also outlines UNFPA plans to increase and monitor organizational effectiveness.

B. Process

3. The MYFF 2004–2007 is based on the strategic direction that came out of the Fund's transition process. It reflects country priorities by building on the expected results of ongoing country programmes that overlap with the new MFFF cycle. The design of the MYFF is also correlated with the development of the UNFPA intercountry programme, 2004–2007. The MYFF has been developed in close coordination with the biennial support budget (BSB) for 2004–2005, approved by the Executive Board in September 2003. The BSB underpins the second MYFF, reflects its priorities, and fully aligns resource requirements with the integrated resources framework.

4. In designing the MYFF, UNFPA drew upon input from its staff in the Country Technical Services Teams (CSTs), country offices, and headquarters, to ensure both full ownership of the MYFF throughout the Fund, and the highest quality product. An ad hoc working group collaborated around the design of the SRF, ensuring that proposed results, indicators and strategies relate closely to the work of the Fund, accurately reflect the strategic direction and regional and country priorities, build on lessons learned, including from the ICPD 10-year review, and provide a useful tool for strategic planning and management. Consultations were carried out with senior management, other United Nations agencies, and outside technical experts and institutions. In refining the SRF design, UNFPA benefited greatly from a series of informal consultations with the Executive Board.

II. LESSONS LEARNED FROM IMPLEMENTING THE MYFF 2000–2003

5. The experience of implementing the MYFF 2000–2003 has provided valuable lessons that have fed back into the design of the second MYFF. These lessons are drawn from country office reports, thematic evaluations, in-depth reviews of three of the four strategies over the MYFF period, an internal review of the Fund's results-based management policy, and the strategic planning exercise that determined the Fund's strategic direction.

6. A major challenge has been to ensure that the MYFF remains relevant in diverse programming contexts and in a changing external environment. It must balance a clear strategic direction at an organizational level with the need for country offices to be responsive to national priorities and to the local development context. The MYFF 2000–2003 set organizational results at the goal and output level. While the six MYFF outputs accurately reflected the most common areas of the Fund's activities, they did not capture the full range of programme outputs. The stress on UNFPA "deliverables" also did not reflect the new focus on strengthening national and global partnerships towards shared outcomes and goals. This has led to the proposal in the second MYFF to set results at the goal and outcome levels.

7. The new focus on results during the MYFF period encouraged a more strategic approach to programme planning and implementation. This included examining the relevance – *are we doing the right things*; effectiveness – *are we doing them right*; and impact – *are we making a difference* – of the Fund's programming. As a result, UNFPA has revised or initiated new programming approaches in adolescent reproductive health; HIV/AIDS prevention; maternal health; reproductive health commodity security; and gender-based violence. The first MYFF identified four major programming strategies, and lessons learned from implementing them (documented in DP/FPA/2003/4 (Part II)) led to some revisions in the second MYFF.

8. Implementing the MYFF has confirmed its key role as a strategic planning and management tool for increasing organizational effectiveness. Its introduction was accompanied by a major effort to institutionalize results-based management throughout the Fund. This included the development and operationalization of results-oriented planning tools and guidelines, staff orientation and training, and more systematic monitoring and results-based reporting. In some cases, it took time to establish baselines for indicators and to provide the data necessary to demonstrate change. The MYFF did, however, produce a marked improvement in data collection, analysis and reporting, as well as the gradual emergence of a monitoring culture within the Fund. The MYFF has also helped to improve programme delivery at the country level, through encouraging a more focused response to specific population trends and issues and building national capacity in results-based planning and monitoring. This investment should benefit not only UNFPA-supported programmes but also broader development efforts.

9. Mainstreaming results-based management takes time. In the second MYFF cycle, UNFPA will build its capacity further for evidence-based programming, with strategic planning based on sound problem and environmental analyses; establishing baselines and reliable data sources for systematic monitoring; investing more in evaluation and the use of evaluation findings; and integrating lessons learned into an iterative strategic planning cycle. Additionally,

the Fund will strengthen decentralization through a system of checks and balances to ensure quality control and full accountability for results.

10. UNFPA policy on results-based management provided useful guidance in the development of a results-oriented management culture. It is now necessary to develop a managing-for-results framework to establish clear medium-term management priorities and a framework for annual organizational priorities, office management plans, and individual performance plans.

11. The principal objective of the first MYFF was to increase core resources and to provide a more sustainable funding base through an increase in multi-year pledges. While UNFPA succeeded in showing progress towards the MYFF goals, this did not result in an increase in core resources, and the number of multi-year pledges is still limited. Other resources did increase substantially, and the challenge now is to ensure that these resources are fully aligned towards reaching MYFF and ICPD goals and responding to national priorities.

III. CONTEXTUAL ANALYSIS

A. External environment

12. During the first MYFF period 2000–2003, the external environment evolved rapidly, with a renewed commitment from international actors to identify new approaches to development assistance in order to effectively alleviate poverty and respond to emerging challenges. There has been a groundswell of support for UNFPA, its mandate and its achievements, despite efforts by some to reopen the debate on the agreed text of the ICPD Programme of Action, as well as the consensus reached in 1994 in Cairo by 179 countries.

13. The Millennium Development Goals (MDGs) provide a framework and compass for orienting international development efforts, and innovative partnerships among development partners, government and civil society organizations are playing an ever-more prominent role. Previous project-based approaches are being replaced by broader policy and programme designs that emphasize systemic change and national outcomes. Sector-wide approaches (SWAps), sector reforms, poverty reduction strategies (PRS), the United Nations Development Assistance Framework (UNDAF) and the Common Humanitarian Action Plan (CHAP) are replacing individual project documents as planning and programming tools. The establishment of global, time-bound targets has drawn attention to the issue of data quality, availability and reliability, and the need for development partners to invest jointly in this area, including strengthening the gender database, if there is to be any meaningful tracking of progress.

14. Humanitarian emergencies continued to pose challenges over the last decade, a trend expected to continue into the new MYFF period. In addition to natural disasters and an increased number of internal and external conflicts, HIV/AIDS has become a major humanitarian crisis.

15. The global response to disease has grown, including public-private partnerships, such as The Global Fund to Fight AIDS, Tuberculosis and Malaria. It is critical that global funds bring increased funding from new sources to meet the new needs, and do not lead to a decrease in assistance for reproductive health and rights. The International Conference on Financing for Development urged developed countries to make substantial increases in official development assistance (ODA) and other resources that are necessary to achieve internationally agreed development goals. It also underlined the importance of country-led partnerships, with United Nations agencies as key players, reinforcing national efforts to build capacity, including economic systems based on justice, equity, democracy, participation, transparency and inclusion.

16. The simplification and harmonization process currently under way in the United Nations system is beginning to change the way United Nations agencies function, introducing joint programming, reducing transaction costs, and setting the basis for a more coherent response to country priorities. The next triennial comprehensive policy review (TCPR) scheduled for 2004 will allow the General Assembly to provide guidance to the United Nations system to improve its work in development cooperation, including its integration with national efforts.

17. The promotion and protection of rights is a powerful instrument to address inequality and inequity, and the development and implementation of a plan to strengthen human rights-related action at the country level is now a priority for all United Nations agencies.

18. The year 2004 will mark the beginning of the second decade of ICPD, and policies and programmes must build on the experience of the past ten years and the lessons learned through the ICPD+5 and the ICPD 10-year review. Preliminary findings from field inquiries in 151 countries indicate that HIV/AIDS, adolescent reproductive health, gender equality and women's empowerment are the top priorities in ICPD implementation, followed by the need for greater access to reproductive health, including family planning. Priority population and development issues are population ageing, poverty, migration, and data quality.

B. UNFPA strategic direction

19. Internally, the Fund's transition process towards making UNFPA a more effective and efficient organization will have a significant and positive long-term impact on the way the Fund functions. These changes will certainly begin to have an effect in the 2004–2007 MYFF period, as new human resources, learning and training, and knowledge-sharing strategies are rolled out, and improved accountability systems are set in place. All of these will contribute towards making the Fund a more efficient and effective organization in implementing the ICPD Programme of Action.

20. The extensive strategic planning exercise that was part of the transition process defined a strategic direction to better position the Fund as an effective partner in rights-based development and poverty reduction efforts, and more specifically in implementing the ICPD Programme of Action. This staff-led situation analysis included a systematic review of the programming environment; examination of emerging global trends and issues; an external stakeholder analysis of the Fund's strengths and weaknesses; extensive internal consultations; and a critical analysis

of organizational processes and practices related to strategic thinking and planning. The exercise provided recommendations for moving the Fund towards becoming a more effective and relevant organization in implementing the ICPD agenda and achieving the MDGs.

21. The situation analysis confirmed that the Fund's mandate continues to be a critical component of development work, and recognized the Fund's leadership role in these efforts. It also recommended a number of important changes in strategy and operations. UNFPA performance is increasingly measured against the Fund's overall contribution to the achievement of development goals, notably those set out in the ICPD Programme of Action, the ICPD+5 key actions, and more recently, the MDGs. To position itself to make the largest possible contribution to global efforts that address gender, reproductive health and rights, and population in the context of poverty reduction, UNFPA must articulate its *potential* contribution and demonstrate its *actual* contribution to shared results in ways that are both clear within the Fund and valued by its partners.

22. The first MYFF period witnessed renewed commitment to strengthening strategic and operational alliances at global, national and local levels, as the only way to reach the MDGs and the international conference goals. The second MYFF period will see this commitment mature into functional partnerships, and see lessons learned being fed back into strengthening these new initiatives. UNFPA can improve its contribution to development goals by systematically adopting a strategic and alliance-building approach to programming, and by tying its support for programmes more closely to policy development.

23. As poverty reduction strategy papers (PRSPs), SWAps and health sector reform continue to expand, UNFPA will have to assume a more proactive role in ensuring that ICPD issues and principles are on the development agenda. The Fund should assume a more active leadership role in guiding the use of the larger resources of national governments and other development partners towards the promotion of the ICPD agenda within the context of a rights-based approach, while ensuring that this is linked closely to poverty reduction strategies and the MDGs. UNFPA should also provide support to strengthening civil society participation in these efforts.

24. To carry out the strategic direction, UNFPA will have to build up its credibility, by becoming more effective in inter-agency policy dialogue and programming. It will have to better define its comparative advantages, improve its human resource base and technical capacity, strengthen skills in policy dialogue, and build a strong evidence base of concrete models and blueprints, replicable experiences, good practices, and lessons learned. To make a more coherent contribution, UNFPA will also have to operationalize strategic thinking; develop greater synergies among programming areas; strengthen its technical knowledge and expertise; and ensure that human resource management takes into account the new competencies required for implementing the strategic direction.

IV. MYFF 2004–2007 STRATEGIC RESULTS FRAMEWORK

A. Introduction

25. The SRF (see annex A) is the key organizational framework for directing the Fun work towards the achievement of ICPD goals and the MDGs. It is designed to reflect the Fun new strategic direction, while building on what is already in place. It aims to be simp straightforward and technically credible, and emphasizes positive development. Specifically, SRF defines what UNFPA expects to contribute in terms of development results; how progr will be measured; and the strategies to be used to attain results.

26. The SRF sets out organizational results at goal and outcome[1] levels, both levels of resu to which the Fund contributes together with others. There are three goals, one each in the ar of reproductive health, population and development, and gender equality and wome empowerment, and a set of six outcomes to which UNFPA programmes will contribute throu their outputs. This will provide a clearer focus for the Fund's efforts at an organizational lev while providing flexibility at country and intercountry levels to identify the most appropri outputs that will contribute to these outcomes.

27. The MYFF goals and outcomes are interlinked and mutually supportive. Progress ma in each will have a positive synergistic impact on the attainment of results in the other areas, a in contributing to poverty eradication and an improved quality of life.

> **Population issues are at the heart of these challenges. The Millennium Developme Goals, particularly the eradication of extreme poverty and hunger, cannot be achieved questions of population and reproductive health are not squarely addressed. And th means stronger efforts to promote women's rights, and greater investment in educati and health, including family planning.**
>
> **–Secretary-General Kofi Annan, Message to the Fifth Asian and Pacific Population Conferen Bangkok, Thailand, 16 December 2002**

28. A defined set of indicators will be used to measure progress. At the goal level, and some outcomes, indicators draw on established international and national sources and will monitored within the context of established global targets (see annex B). A limited number the outcome-level indicators, including qualitative indicators that seek to demonstrate progress important emerging areas, will require a special investment in data collection and analysis.

1 A goal is "the higher order objective to which a development intervention is intended to contribute." (UNDG) An outcome is intended or achieved short-term and medium-term effects of an intervention's outputs, usually requiring the collective efforts of part Outcomes represent changes in development conditions that occur between the completion of outputs and the achievement of imp (UNDG) An indicator is a "quantitative or qualitative variable that allows the verification of changes produced by a develop intervention relative to what was planned." (UNDG) An output is "the products and services which result from the completio activities within a development intervention." (UNDG)

29. The SRF adopts a rights-based approach in all programming areas that is reflected in the emphasis on strengthening knowledge and demand, promoting individual decision-making, advancing civil society participation, and removing barriers to equity and equality. Certain priority issues are mainstreamed throughout the framework, including prevention of HIV/AIDS; adolescent reproductive health; gender equity and equality. Equity dimensions will be monitored through the collection and reporting of data that are age-, sex-, income-, rural/urban-disaggregated.

30. The four strategies for the 2004–2007 MYFF converge around developing national capacity and reflect the Fund's strategic direction through an increasing emphasis on evidence-based advocacy and policy dialogue; more strategic partnerships; building and using a knowledge base; and developing systems for improving performance.

B. Reproductive health

Goal: All couples and individuals enjoy good reproductive health, including family planning and sexual health, throughout life

31. The reproductive health goal remains unchanged from the first MYFF and UNFPA will continue to invest the majority of its resources in this area. Although the MDGs do not include a goal for comprehensive reproductive health, it is essential for improving maternal health (MDG 5) and for combating HIV/AIDS (MDG 6) and reducing child mortality (MDG 4). Overall poverty reduction cannot be achieved without women, men and youth satisfactorily meeting their sexual and reproductive health needs. Increasingly, poor reproductive health, including sexual health, is seen as a dimension of poverty, with individuals caught in a cycle of ill health and income poverty.

32. To best contribute to existing and emerging reproductive health challenges, UNFPA will focus on preventing HIV/AIDS, reducing the unmet need for family planning, improving maternal health, and promoting adolescent reproductive health. The Fund has worked hard to find its most relevant niches and effective programming strategies, as outlined in paragraph 34. At the same time, new challenges have emerged, with increasing numbers of women and men of reproductive age, including the largest ever cohort of adolescents, and the devastating impact of HIV/AIDS, especially on women and girls.

33. To advance the ICPD agenda, the Fund must continue to forge a common understanding of reproductive health and rights, and promote the application of these concepts within different cultural contexts. The Fund will assume a stronger leadership role, guided by a rights-based approach and a holistic reproductive health vision, and take full advantage of the new opportunities to strengthen partnerships that integrate reproductive health and gender concerns into global and national development frameworks. The Fund will move beyond project support for services to a more proactive role in national policy development, using this position to strengthen equity in access and demand for reproductive health and consideration of critical issues in population and development and poverty. The ultimate results of UNFPA support to, for example, service delivery, will have to be measured by its contribution to overall availability,

especially for the poor, and scaling up its role in service provision. Instead of aspiring improve the reproductive health and rights of the most disadvantaged groups through inherent limited and time-bound project funding, UNFPA will place more emphasis on assembling broader base of resources for the same outcomes.

34. Achieving reproductive health and rights is not possible without addressing t underlying social values and cultural practices that can form barriers to equity and equalit including gender discrimination. UNFPA support will seek to enhance women's control reproductive decisions, including their access to quality services and female-controlled method and to promote male support, participation and responsibility. UNFPA will give priority adolescents and youth as a group where prevention of HIV/AIDS and early pregnancy will ha the most long-term and cost-effective impact. A second generation of adolescent programmi recognizes the diversity of this group and their sociocultural environments. Support will reflect more comprehensive, multicultural approach and address life and livelihood skills, human right gender issues and youth participation. UNFPA will champion preventive interventions reproductive tract infections (RTIs) and HIV/AIDS, with a focus on preventing HIV infection young people and in pregnant women, and on strengthening condom programming. The Fu will continue to work for the reduction of maternal morbidity and mortality through a thre pronged programming strategy that provides support to family planning to avoid unintended a unwanted pregnancies; skilled attendance at birth for all women; and emergency obstetric care case of complications. Refugee and displaced women also require special attention with rega to their reproductive and sexual health, and UNFPA will work with agencies operating on t ground to ensure integration of reproductive health, including sexual health, and rights into reli operations and emergency preparedness programmes.

35. Goal indicators. The MYFF **goal level indicators** capture the comprehensive nature reproductive health and the priority investments by the Fund. The **maternal mortality ratio** a **HIV prevalence among 15-24 year old pregnant women** indicators reflect the Fund commitment to reducing pregnancy-related morbidity and mortality and the devastating impa of HIV/AIDS, with young women carrying a disproportionately high share of the burden. T prioritization of adolescent health and development is reflected in two goal level indicators, HIV prevalence and the **adolescent fertility rate**. The **under-five mortality rate**, also an ICP and MDG benchmark indicator, reflects both infant mortality (closely related to inadequa health systems, birth practices, and maternal death) and death from one to five years that reflec the socio-economic environment and the effects of gender bias. The reduction of **unmet nee for family planning**, a benchmark in ICPD+5 but not in the MDGs, relates to UNFPA work reproductive health commodity security, as well as support for women's reproductive choice.

36. In all of these priority areas there are considerable disparities, not only among countri and regions, but also between rich and poor people. Studies of wealth differentials a reproductive health have shown that those deepest in poverty are the least likely to enjoy skille attendance at birth, family planning, and trained antenatal care. This is also reflected reproductive health outcomes with the poorest groups having the highest levels of fertilit including adolescent fertility, and infant and child mortality. An increase in public expenditu will not by itself improve health outcomes, unless it reaches the poorest. Commodities and fun

need to reach the front line, service provision nationwide must improve, and clients' knowledge and power must be increased to strengthen the demand side. A successful strategy must take into account three principal agents in determining health outcomes: policymakers, service providers, and the community of actual or potential clients.

Reproductive health outcomes and indicators

37. The three **outcomes** capture the areas where UNFPA expects to contribute to the reproductive health goal, in terms of an enabling policy environment; increased access to reproductive health services; and a strengthened demand for reproductive health. These result areas relate closely to the pathways to health outcomes that provide a framework for poverty reduction strategies at country level, and encourage development actors to work simultaneously at different levels to address the causes of poverty.

38. **Outcome (i) a policy environment that promotes reproductive health and rights.** The emergence of global and national partnership frameworks provides excellent opportunities for advancing the ICPD agenda, and for encouraging attention to gender and reproductive health issues in poverty diagnosis and analysis, planning, monitoring and evaluation. UNFPA will measure the success of its contribution by the extent to which **reproductive health and gender issues are incorporated into poverty reduction strategies, SWAps and MDG reporting.** The last is critical to ensure the continued visibility of reproductive health in MDG monitoring. UNFPA will also provide support to legislative and policy changes that promote adolescent and youth reproductive health and development, including **national or subnational policies in place to increase the access of youth to quality reproductive health information and services** and **national and subnational laws and policies in place to delay the age at marriage**, given the reproductive health risks of early pregnancy and sexually transmitted infections (STIs). National commitment to reproductive commodity security is measured through the **proportion of health budget allocated to contraceptives,** crucial to long-term availability and sustainability of services and commodities.

39. **Outcome (ii) access to comprehensive reproductive health services is increased** through improved systems and services. Indicators for this outcome capture essential dimensions of a comprehensive reproductive health approach; improved maternal health, STI/HIV/AIDS prevention, and access to family planning. The **proportion of births attended by skilled health personnel** monitors progress in reducing maternal mortality and morbidity, while **caesarean sections as a proportion of all births** (within the parameters of more than 5 per cent and less than 15 per cent) provides a proxy for access to and utilization of emergency obstetric care. STI/HIV/AIDS prevention, through condom programming and prevention among pregnant women is reflected in two UNGASS[2] indicators, **condom use at last high-risk sex** among 15-24 year-olds, and **proportion of clients with STIs who are appropriately diagnosed, treated and counselled**. The **contraceptive prevalence rate** measures use of contraception, with a focus on modern methods.

[2] Nineteenth Special Session of the United Nations General Assembly, 2001.

40. **Outcome (iii) demand for reproductive health is strengthened** at the community and household level, through a change in cultural and social norms. Strengthening demand is a crucial factor in making reproductive health policies and programmes work for the poor and other disadvantaged groups, and encourages a rights-based approach that emphasizes empowerment and choice. The indicators for this outcome capture three key factors in strengthening demand. The first indicator, **proportion of women who have the final say in decisions about their own health care,** measures women's decision-making power within the household and reflects the importance of individual women's empowerment. The second indicator tracks the **existence of national and subnational mechanisms that advance civil society participation in planning and monitoring quality reproductive health services**, and recognizes the need to empower civil society, especially in poor communities, to participate fully in identifying reproductive health priorities through, for example, local health committees and district health boards. **The proportion of the population aged 15-24 with comprehensive correct knowledge of HIV/AIDS** is an UNGASS indicator that assesses progress in acquiring knowledge of the essential facts about HIV/AIDS transmission, a prerequisite for youth to make informed decisions.

C. Population and development

Goal: Countries address interaction between population dynamics, sustainable development and poverty, including the impact of HIV/AIDS

41. The second goal in the MYFF reflects an increased commitment to strengthening national capacity in countries to address interactions between population dynamics, sustainable development, and poverty, including the impact of HIV/AIDS. Although this is a lower level goal compared with the other two MYFF goals, it is the level which best reflects the nature of the Fund's involvement in the area of population and development. It reflects the results that UNFPA would expect to achieve from increasing national capacity to deal with population issues. Countries should be cognizant of how population size, structure, age and sex composition and distribution interact with sustainable development and should also be aware of other population dimensions, such as migration, urbanization, population ageing, HIV/AIDS and progress towards gender equality, and their linkages with poverty.

42. UNFPA will support countries in ensuring that development and poverty alleviation policies, plans and strategies address critical emerging issues such as HIV/AIDS, internal and international migration, and ageing. In many countries, HIV/AIDS is a major social and economic obstacle to national development efforts and is eroding the social and human capital and domestic savings. It therefore requires careful attention in poverty reduction efforts. Increasing internal and international migration, and urbanization have significant effects on sustainable development, as well as impacts on communities and households. Although ageing is a growing feature in many developing countries, its future implications still have to be fully assessed. All these issues must be addressed in comprehensive national strategies to reduce poverty.

43. The Fund has defined a more strategic role for its work in population and development. It will reinforce its support to building national technical capacities to support policy analysis and sustain a policy dialogue in population and development issues emphasizing the links with poverty reduction. In doing so, UNFPA will support global and national analysis of demographic trends and their socio-economic policy implications. To facilitate evidence-based policy dialogue UNFPA will support research on population-related issues and their implications for national poverty reduction strategies. It will also support cultural and behavioural research to provide better foundations for social policy formulation.

44. The MYFF 2004–2007 identifies the need to improve national capacity to collect, analyse, disseminate and use information and to develop or update national sex-disaggregated databases, which are crucial for sound, gender-sensitive policy formulation, programme planning, monitoring and evaluation.

45. Goal indicators. The MYFF **goal level indicators** capture interactions between population dynamics and social and economic development. **Life expectancy at birth by sex** is closely connected with health and inequality conditions of the population and reflects many social, economic and environment influences. The **proportion of population below $1 (PPP) per day** tracks progress in reducing the number of people living under extreme poverty across countries and regions. The **poverty headcount ratio** tracks the proportion of the population living below the national poverty line and will help monitor national poverty trends. The **age dependency ratio** measures broad trends in age composition and dependency burden.

Population and development outcomes and indicators

46. The two outcomes capture the areas where UNFPA expects to contribute to the population and development goal, in terms of the utilization of population-related data and integration of population issues into policy development.

47. **Outcome (iv) utilization of age- and sex-disaggregated population-related data is improved** addresses the need for accurate and timely age- and sex-disaggregated data on population for planning, monitoring and evaluating development policies and programmes, including those oriented to poverty reduction. UNFPA support is focused on building national capacities to collect, analyse and disseminate data and, more importantly, to use information for development and poverty eradication efforts, and for monitoring the implementation of the ICPD Programme of Action and the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW). Availability of quality data at the local level is crucial to inform and empower local authorities, elected representatives, and civil society leaders to manage development planning responsibilities. At the central level, data are required for macro planning and for monitoring and evaluation of social and poverty alleviation policies, plans and interventions. Information technology and software will be used to analyse data at local levels, especially to pinpoint social interventions that will reach the poorest and most vulnerable. The **indicator** for this outcome will capture the extent to which **sex- and age-disaggregated data from national and subnational databases are used to monitor national development plans**.

48. **Outcome (v) national, subnational and sectoral policies, plans and strategies take into account population and development linkages**, reflects the Fund's support for the integration of population and development linkages in national, subnational and sectoral policies, plans and strategies. UNFPA will facilitate policy dialogue and provision of assistance to strengthen national capacity to frame policies, plans and strategies that integrate population dimensions, such as migration, urbanization and population ageing into poverty alleviation strategies. Assistance will also be provided to support the implementation, monitoring and evaluation of the policies adopted, focusing in particular on the population and development linkages included in the policies. The indicator for this outcome will track the success of countries making **population and poverty linkages explicit in national development policies and plans and poverty reduction strategies.**

D. Gender

Goal: Gender equality and empowerment of women are achieved

49. Eradicating poverty raises fundamental issues of equity and equality. Discrimination against women and girls is the most pervasive and persistent form of inequality. It is deeply rooted in social, cultural, economic and legal structures. Gender equality and women's empowerment are essential to achieving reproductive health and sustainable development, and are mainstreamed in the other two goal areas. UNFPA programmes also work towards these as an independent goal.

50. The MYFF goal of achieving gender equality and women's empowerment is now also an MDG, an important recognition that achieving this goal is a fundamental step in alleviating poverty and improving the quality of life for all. Global progress in this area is still extremely slow. Current efforts are scattered and inadequate, often do not address the root causes of inequity and inequality, and are sometimes lost in "mainstreaming" efforts, making results difficult to track.

51. Structural and cultural barriers to equality and empowerment must be addressed in the context of a rights-based approach to development, beginning with the creation of an enabling environment that promotes and enforces gender equality in laws, practices, policies and value systems, and improves women's capacities, opportunities, and decision-making power. Promoting equality in education and political decision-making, where women are still disadvantaged and underrepresented, are two crucial areas where UNFPA plays a key advocacy role.

52. Goal indicators. The gender goal has three indicators, all of which are MDG indicators. The **ratio of girls to boys in primary and secondary education** monitors the gender gaps in education. The second indicator, the **literacy rate among 15-24 year old females**, measures functional literacy among young females, a group where UNFPA support is most likely to have an impact. The **proportion of seats held by women in national parliament** is the sole indicator of women's political decision-making monitored globally and for which comparable data are readily available. UNFPA gives active support to raising gender, population and

reproductive health issues among parliamentarians, and strengthening the advocacy role of women parliamentarians. UNFPA country offices will also monitor women's participation in political decision-making at subnational levels.

Gender outcome and indicators

53. **Outcome (vi) institutional mechanisms and sociocultural practices promote and protect the rights of women and girls and advance gender equity** addresses gender issues through a rights-based approach and the creation of an enabling environment for gender equity and women's empowerment. These include equal rights to education and to political participation that should promote a positive movement in the goal level indicators. The outcome underlines the need to increase the capacity of social, political, cultural, religious, civil and legal institutions to address the complex set of normative structures, constitutions, laws, and policies, and sociocultural practices that militate against gender equity (the process of being fair to women and men that leads to equality). These institutions have a duty to promote and protect the rights of women and girls, and advance gender equity. At the same time, women and girls must assert their position as rights holders.

54. Two of the three outcome indicators monitor expected changes in the enabling environment. The first, **national and subnational mechanisms in place to monitor and reduce gender-based violence** addresses one of the most severe manifestations of gender inequity. A similar indicator in the first MYFF provided rich, qualitative information on country-led efforts to address violence and women's security, a dimension of poverty. The Beijing+5 target **discriminatory provisions against women and girls removed from national and subnational legislation**, tracks the elimination of legislative barriers to gender equity and women's empowerment. The third indicator, **civil society partnerships actively promoting gender equality, women's and girls' empowerment and reproductive rights** tracks the community participation and networking that is necessary to advance and sustain demands for equality and empowerment.

E. Strategies

55. In the context of the MYFF, strategies are defined as the ways in which UNFPA plans to use its human, financial and other resources to contribute to the achievement of development results. For the MYFF period 2004–2007, the Fund has identified four interactive programme strategies, which converge around developing the national capacity of programme countries to effectively deal with population-related issues. Based on recommendations of an internal evaluation, the Fund has adopted national capacity development as an overarching principle of its assistance, rather than as a separate strategy as in the first MYFF. All UNFPA efforts will seek to enhance the ability of individuals, organizations and systems within countries and regions to promote the implementation of the ICPD Programme of Action and achievement of the MDGs. The MYFF programme strategies are delineated below.

Building and using a knowledge base

56. UNFPA will continue to support government and civil society organizations in building and using the knowledge necessary to address specific challenges in reproductive health and rights, gender equality and population and development. The new development context requires that national and subnational planning build on a strong evidence base, and that programmes are carefully monitored and evaluated to ensure that they are achieving results and reaching the poor. Areas for special attention include: increasing knowledge of the interrelationships between poverty, gender, reproductive health and population dynamics, and such emerging areas as gender-based violence and obstetric fistula; consolidating knowledge from different sources in national and local databases; and ensuring more effective utilization of existing knowledge for planning, monitoring and evaluation. The Fund will develop the capacity of programme countries to surmount existing constraints in access to and utilization of age- and sex-disaggregated population and reproductive health-related data to monitor progress toward achieving national priorities, ICPD goals, CEDAW and the MDGs; and to provide data for PRSPs. Sex-disaggregated data provide a powerful tool for holding governments accountable for progress toward gender equality, reproductive health and rights.

57. The Fund will promote regional and national networks and mechanisms for the exchange of knowledge as a way of enhancing South-South collaboration. The 2004–2007 intercountry programme will make a valuable contribution to knowledge building at interregional, regional and national levels through support to data collection, including the development of qualitative research methodologies around priority issues. The intercountry programme will also be a key instrument in the identification, production and dissemination of replicable experiences and proven models that can advance the ICPD agenda. The Fund's CSTs build national and regional capacity, by gathering information on key conceptual or methodological advances, lessons learned and good practices that are relevant and applicable in national and subregional policy and programme development.

Advocacy and policy dialogue

58. Advocacy is a key strategy at global, regional and national levels to strengthen awareness and commitment to advancing the ICPD agenda. At the country level, UNFPA seeks to increase the capacity of all stakeholders to advocate for ICPD goals, within the context of a rights-based approach to development. To ensure the sustainability and effectiveness of national advocacy efforts, UNFPA will contribute to strengthening the networking and advocacy skills of civil society organizations, establishing a strong evidence base for advocacy, and encouraging systematic monitoring of the external environment to ensure that advocacy efforts are well positioned and focused to promote and protect women's and girls' rights and advance gender equity. Advocacy and behaviour change communication will build on sociocultural research and local knowledge to foster culturally sensitive dialogues at the household, community and societal levels that involve a broad-based coalition of stakeholders.

59. The focus on policy dialogue reflects the emphasis in the Fund's strategic direction on integrating the ICPD agenda more effectively into country-led development frameworks, such as

SWAps, PRSPs, health sector reforms and other national development plans and policies. UNFPA will foster an environment conducive to integrating reproductive health and rights, gender, population and poverty issues into broad-based public policies and programmes by supporting dialogue and discussion around scaling up innovative, replicable and evidence-based approaches. UNFPA will contribute to: enhancing policymakers' leadership capacity within new development frameworks; promoting strategic thinking; and strengthening gender-sensitive policy analysis, formulation and implementation. UNFPA will also strengthen the capacity of civil society, including religious and cultural groups, to successfully engage in policy dialogue with government and development partners. Field-based and intercountry programme activities will serve to sharpen practical knowledge and to provide concrete evidence of what works and what does not work. Documenting these interventions and their results will provide critical information to nourish the policy formulation and decision-making process.

Promoting, strengthening and coordinating partnerships

60. Promoting equitable and sustainable development within emerging national development frameworks and new global initiatives requires an integrated and synergistic effort among governments, civil society and development agencies, coupled with strong, coherent and sustained partnerships.

61. UNFPA will support countries in building these partnerships, establishing a strong consensus around the implementation of the ICPD Programme of Action within the broader context of poverty reduction, and mobilizing resources for equitable access to reproductive health and rights. The Fund will move away from isolated project support to contribute to defining common goals and outcomes within the context of SWAps, PRSPs, and health sector reform. The Fund will also provide support to countries in addressing the constraints to sustainable and effective partnerships, including insufficient coordination and communication, divergent priorities among interest groups, and inadequate involvement of civil society. The Fund will continue to strengthen working partnerships with and among civil society organizations, youth and women's groups, cultural and religious leaders, and the private sector, and support their participation in local and national planning.

62. UNFPA will work with its United Nations partners to explore joint programming opportunities in complementary programme areas, within the framework of the UNDAF and United Nations reform, especially the simplification and harmonization initiative. The Fund will also work to incorporate reproductive health dimensions in the Inter-Agency Consolidated Appeals Process, in order to adequately respond to humanitarian emergencies and crisis situations.

Developing systems for improving performance

63. Deteriorating health systems in many priority countries reduce access to reproductive health services. With the aim of improving the organizational and systems performance of national institutions and civil society organizations, at central and local levels, UNFPA will work to establish and/or strengthen systems for public programme implementation, particularly those

interventions designed to expand equitable access to high quality reproductive health services. UNFPA will work with other development partners to provide support for the human resources planning, training and performance assessment systems that are crucial to enhancing efficiency and accountability. UNFPA will support the strengthening of results-oriented management and decision-making systems; increased availability and use of service and other data for planning and management; reproductive health commodity planning, storage and distribution systems; and quality assurance systems and mechanisms. Together with other partners, the Fund will assist countries in strengthening decentralized management systems in the context of health sector reform, and in building the role of civil society in ensuring accountability for the quality and coverage of services. UNFPA will also work with national partners to plan for ultimate sustainability, financial and otherwise, of programmes and services, a crucial dimension of improved performance that can be compromised by long-term dependence on single donor funding. UNFPA will support countries to develop and institutionalize systems that will ensure the continuation and consolidation of interventions once the Fund's support has been phased out.

V. INTEGRATED RESOURCES FRAMEWORK

64. The ICPD Programme of Action estimated that $18.5 billion would be needed in the year 2005 to implement the costed components of programmes in reproductive health, including family planning, maternal health and prevention of STIs and HIV/AIDS, as well as basic data collection and analysis of population data. It was recognized that additional resources would be required to strengthen health systems, emergency obstetric care and HIV/AIDS treatment and care. The ICPD Programme of Action also estimated that up to two-thirds of the $18.5 billion would be met by the countries themselves, and the remaining one-third – $6.1 billion for the year 2005 – would come from external sources.

65. The World Bank estimates that between 20 to 25 billion dollars per year would be required to reach all the health-related MDGs, provided that the policy and institutional environments at country level are conducive to making additional health spending effective. These cost estimates underscore the importance of investing in the implementation of the ICPD Programme of Action, as the MDGs, particularly the eradication of extreme poverty, cannot be achieved if population and reproductive health issues are not addressed.

66. In 2001, the estimated international financial resource flows for population assistance totalled $2.5 billion, far below the agreed targets. The ICPD 10-year review shows that despite the fact that most countries reported increasing domestic resources for population and reproductive health, the lack of adequate financial resources is the most important constraint in achieving the ICPD goals. In keeping with a key element of its strategic direction, UNFPA will act as a catalyst for leveraging and guiding the use of larger resources of national governments and other development partners towards the implementation of the ICPD Programme of Action.

67. UNFPA income from regular resources reached its peak of $313 million in 1995 following the ICPD in Cairo in 1994. Regular resources income fell from 1996 to 1999, followed by small increases in 2000 and 2001, and a small decrease in 2002. The regular income for 2003 is estimated at $291 million or 12 per cent higher than the income in 2002. The MYFF

2000–2003 presented two funding level scenarios to the Executive Board. The Board took note of Scenario One, which estimated the total resource requirement for the period 2000–2003 to be $1.4 billion, of which $1.3 billion was from regular resources. As reported in the MYFF Cumulative Report 2000-2003 (DP/FPA/2003/4 (Part II)), UNFPA income from all resources is estimated to be $1.5 billion for the period 2000–2003. The income from regular resources is estimated at $1.1 billion, while income from other resources is estimated at $0.4 billion. The low level of income from regular resources compared to the planned level severely impacted UNFPA programming, especially at the country level, where prevention of HIV/AIDS and lifesaving emergency obstetric care interventions were delayed.

68. The Fund has adopted a realistic approach in estimating the required resources for the 2004–2007 MYFF period in order to ensure minimal interruptions in programme delivery. The total income for the period is estimated at $1,523 million, of which $1,203 million would be from regular resources and $320 million from other resources. The income projections for regular resources are lower than the projections in the MYFF 2000–2003, while the projections for other resources are higher, given the fact that the Fund has been able to attract other resources at a higher level in the first MYFF cycle. This income base for the period 2004-2005 was also used for the estimates for the biennial support budget for 2004–2005 (DP/FPA/2003/11), which was approved by the Executive Board in September 2003.

69. The resource requirements for the periods 2000–2003 and 2004–2007 are shown in table 1. The regular resources available for programmes for 2004–2007 amount to $841 million or $119 million less than in the MYFF for 2000–2003. A total of $640 million will be devoted to country programmes while the resources for the intercountry programme will complement the country programme resources by generating information, tools, strategies and approaches to strengthen country level activities.

Table 1. Resource Requirements for 2000–2003 and 2004–2007
(in millions of US dollars)

Distribution	MYFF 2000–2003[a]	MYFF 2004–2007
Regular Resources		
Country Programmes	723	640
Intercountry Programme	142	124
Technical Advisory Programme	95	76
Total Programme	960	841
Net Biennial Support Budget	262	318
Miscellaneous[b]	72	45
Total BSB & Miscellaneous	334	363
Total Regular Resources	1,294	1,203
Other resources		
Programme and Other	140	320
All resources	1,434	1,523

Note: Figures may not add up to the totals given due to rounding.
[a] See document DP/FPA/2000/6 Table 3.
[b] Includes administrative and operational services, the Enterprise Resource Planning system, and additions to the operational reserve.

70. UNFPA encourages all donors to demonstrate their commitment to the MDGs and ICPD by increasing their contributions to UNFPA and submitting pledges for a multi-year period in order to secure a stable funding base of regular resources. While UNFPA welcomes other resources in addition to regular resources, these funds are restricted and do not always fit closely with country and UNFPA priorities. It is therefore essential that contributions to UNFPA regular resources be increased to fully implement the ICPD Programme of Action.

71. UNFPA is undertaking resource mobilization efforts, both at national and international levels, to increase its funding and expand its funding base, and the Fund counts on the Executive Board to further increase its financial contributions. Should additional resources become available, they would be utilized to achieve the MYFF goals, especially in the areas of HIV/AIDS prevention, adolescent reproductive health and rights, increased access to reproductive health, gender mainstreaming and women's and girls' empowerment, and overall improvement in the quality of population-related data – all key issues emerging from the ICPD 10-year review.

VI. MANAGING FOR RESULTS

72. UNFPA made substantial progress during the first MYFF cycle towards strengthening results-based management, essential to achieving development results. Progress included:

- Instituting an organizational policy on results-based management
- Developing results-oriented planning, monitoring and evaluation tools and guidelines
- Institutionalizing results-based reporting
- Building capacity of staff and national partners to manage for results
- Strengthening data collection, analysis and use
- Building pilot knowledge networks and assets
- Strengthening accountability for results

73. In the second MYFF cycle, the Fund will further streamline and strengthen organizational structures and enhance internal processes for increased organizational effectiveness. Two major initiatives will help UNFPA move in this direction.

74. First, the strategic direction that came out of the transition gives a clear orientation for moving towards a more effective leadership role in supporting countries to implement the ICPD agenda and achieve MDGs. The transition put results-based management at centre stage and produced new results-oriented approaches in human resources, knowledge sharing, learning and training, and financial management which are now being institutionalized into the Fund's processes and systems.

75. Second, the Enterprise Resource Planning System (ERP) will integrate all of the Fund's processes and information into one web-based system, increasing accountability and efficiency. A broad set of organizational activities, such as financial accounting, human resources, payroll, procurement, and programme and project management, among others, will be supported by an integrated software system. This will help the Fund to improve financial management,

strengthen headquarters and field links, increase transparency and efficiency, and link results with resources.

76. Building on these new initiatives, UNFPA is preparing a medium-term Managing for Results Framework that focuses on key areas of the Fund's management functions and can be used by senior management to monitor progress in becoming a more effective, efficient and accountable organization. This framework will also serve as a medium-term reference for setting the Executive Director's annual organizational priorities and will guide the development of office management plans through which individual units can plan for and monitor their increased effectiveness. The Managing for Results Framework will complement the MYFF SRF, which sets out development results by focusing more specifically on key management improvements necessary to achieve these results. The Managing for Results Framework will include a set of indicators to allow UNFPA managers to track progress in these areas.

77. To further strengthen internal processes for increased organizational effectiveness, UNFPA will focus on five main areas of managing for results:

- UNFPA leadership role
- Results-based quality programming
- Excellence in human resources
- Knowledge sharing and learning
- Accountability systems

UNFPA leadership role

78. To fully demonstrate its leadership role in implementing ICPD, UNFPA must increase the organization's ability to build and sustain partnerships with national governments, development agencies, civil society organizations and the private sector, and to build alliances that marshal a broader base of resources for mainstreaming the ICPD Programme of Action into national development frameworks. UNFPA will build the capacity of CST and field staff to engage more effectively in SWAps and PRSPs. During the second MYFF period, the Fund plans to hold stakeholder consultations with partners in selected countries to monitor its effectiveness in assuming this role.

79. A critical aspect of the Fund's leadership role is its ability to mobilize financial resources, the main factor influencing the achievement of ICPD goals. UNFPA will make every effort to mobilize the donor community, national governments and the private sector to increase contributions for implementing ICPD. Progress in this area will be assessed by an increase in core resource mobilization to support the implementation of UNFPA programmes, and by a rise in other resources through multilateral/bilateral and government cost-sharing arrangements.

Results-based quality programming

80. The effective delivery of programmes at the country, regional and interregional level will continue to be a central concern of the Fund. Building on the progress made in mainstreaming a

results-based programming approach in the first MYFF period, UNFPA will enhance the capacity of its staff and counterparts to use the new programming tools and techniques developed under the United Nations Development Group (UNDG) simplification and harmonization process. While the MYFF 2000–2003 and the UNDAF have consolidated the trend to plan, monitor, evaluate and report on results-oriented programmes, there is still a need to strengthen strategic planning, monitoring and evaluation, and further build staff and national capacity to develop more robust performance management systems. Measures of performance in this area will include increased staff and partner capacity to plan strategically, to identify baselines and targets in a timely manner, to develop and implement adequate monitoring and evaluation systems, and to ensure that quality programme and project data on outcome and output indicators are available to evaluate and report on progress.

81. The Fund's CSTs will play a crucial and strategic role in building a more integrated system of technical and programmatic support, gathering and sharing knowledge and experience on lessons learned and best practices, providing strategic technical input at key stages of the programme cycle, and building country-level capacity. The Fund will continue to support national counterparts in their efforts to enhance strategic planning capacities and to use a results-based perspective in programme management.

Excellence in human resources

82. One of the management priorities resulting from the transition was the enhancement and reshaping of the Fund's human resources policy and practices. This will ensure that staff have the competencies necessary to implement the new strategic direction, for example, in terms of results orientation, commitment to excellence, and building strategic alliances and partnerships. The cornerstone of the new human resources strategy is a competency framework that sets standards by defining competencies required for staff at all levels to achieve the organization's goals. During the second MYFF period, the Fund will ensure that this competency framework effectively guides staff performance management and promotion, recruitment, rotation and human resource planning, as well as identifying competency gaps for staff development and learning, so as to have the right people in the right place at the right time.

83. As the competency framework is institutionalized and the performance appraisal and staff development mechanism is used, the level of competency of staff will increasingly match that expected by the organization. Two measures of progress would be ensuring that the competency-based recruitment system is in place, and that the proportion of the workforce rated proficient on corporate and functional competencies increases. These same measures of progress will help assess the country office typology implementation, which strengthens technical and managerial capacities by matching staff expertise and profiles against competencies required, recognizing the priority needs of those countries furthest from achieving ICPD goals.

Knowledge sharing and learning

84. UNFPA will actively promote increased access to knowledge for all staff. The establishment of knowledge networks and assets will help staff gain access to internal and

external expertise, and to obtain technical and substantive information on good programme practices, effective innovations, and emerging issues, to support more effective programme and operations functions. The Fund has given high priority to improving electronic connectivity at country level to ensure that all country offices can participate in knowledge sharing, and take advantage of new learning opportunities identified by the learning and training strategy that came out of the transition process. Country office and headquarters units will be encouraged to prepare and implement annual learning and training plans and to facilitate staff participation in distance learning activities.

85. The intercountry programme will expand the Fund's knowledge base by facilitating exchange of knowledge on strategies, tools and approaches to support country programmes. The intercountry programme will identify and provide evidence on replicable experiences and models to support the process of building and mobilizing partnerships at the national and regional levels.

86. The Development Gateway Population and Reproductive Health Portal will continue to be a central venue for staff and UNFPA stakeholders to access information and knowledge that can build technical capacity. The portal will be strengthened further and expanded in view of the positive feedback received from staff and development partners.

87. Performance in this area will be assessed by the existence of active and effective knowledge networks and assets that will facilitate UNFPA staff and stakeholder access to information to support their programme functions, and by the participation of staff in learning and training activities to enhance their technical and substantive knowledge.

Accountability systems

88. UNFPA will strengthen a system of accountability for achieving results that will involve all institutional levels. A coherent and transparent accountability system is especially important with the increased decentralization of authority to the field. UNFPA will adopt a 'cascade' approach that begins at the organizational level with the medium-term MYFF SRF and the Managing for Results Framework. Annual organizational priorities will be drawn up within the context of these frameworks. These priorities will contribute to the formulation of annual office management plans (OMPs) by all organizational units. OMPs will identify the contributions to unit and overall institutional priorities, and will permit each unit to gauge their performance through periodic reviews. Annual reports from all units will reflect programme and managerial results achieved, and feedback will be provided.

89. Individual work plans will be consistent with the OMP. The new performance appraisal and development (PAD) system will hold individual staff members accountable for results and the achievement of performance standards defined in the competency framework, based on feedback from multiple sources. By using the PAD to set results and then measure performance, staff will be able to identify ways to improve performance in those areas where there are notable constraints.

90. By January 2004, the ERP system will provide an integrated system to strengthen a simplify the management and coordination of financial, programme and human resources, a will increase accountability, efficiency and transparency in business processes. The ERP syst has the functionalities to link resources to results, and will support the monitoring of the MY 2004–2007. In subsequent waves, the ERP system will develop new functionalities, offering integrated results-based management system and increasing the ability of the organization have real-time dynamic reports, which will be accessible globally.

91. The implementation of the ERP system will be a major benchmark in establish accountability systems, as will the utilization of the OMPs and compliance with the PAD. UNFPA strengthens its systems of accountability for achieving results, periodic internal a external audit of UNFPA units will continue to indicate how satisfactorily the country offi have been managed, and audit recommendations will be systematically followed up.

VII. REPORTING ON RESULTS

92. During the first MYFF period, UNFPA invested in improving results-based report mechanisms, rationalizing and simplifying reporting and strengthening feedback mechanist Country office, CST and headquarters units are actively monitoring and reporting results, and Fund will continue to strengthen the capacity of country offices and national counterparts improve the quality of reporting. The information and data required for reporting on the MY will be derived from existing internal reporting, such as annual reports of country offices, a from CST and headquarter units.

93. The Fund will use standard international data sources for tracking the goal indicators a selected outcome indicators, as in the first MYFF, within the framework of goals and targ established in relevant international conferences and agreements (see annex B) with spec reference to gender differentials. At the outcome level, data indicators that correspond to MI and UNGASS indicators will draw on new databases for monitoring the MDGs at the coun level, which include the Country Response Information System (CRIS), currently be established by UNAIDS, and the inter-agency DevInfo database system. Reporting on indicat in new areas such as demand for reproductive health presents a challenge, as few up-to-date a comparable data are presently available. Continued investment in building national capacity collect sex-, age-, income-, rural/urban-disaggregated data, as well as the analysis and utilizat of such data, must be a priority for the Fund throughout the 2004–2007 MYFF cycle.

94. To ensure that reporting on the MYFF is able to provide significant evidence of progre and recognizing constraints on the timeliness of data, UNFPA proposes to provide a report at annual session of the Executive Board in 2005 covering the first year of implementation of MYFF and a cumulative report on the MYFF at the Board's annual session in 2007. T timeframe should allow the Fund to better demonstrate progress through changes in indica values.

95. The report will present progress in several areas: contributions to the goals and outcon identified in the SRF; status of financial implementation of the resources framework, includi

data on the utilization of resources by goals and outcomes to the extent possible using the new ERP system; and progress in the five areas of managing for results.

96. Information derived from the reviews and analysis of the implementation and lessons learned during the second MYFF cycle will be the basis for formulating the third MYFF covering the period 2008–2011. It is expected that the third MYFF will be submitted at the same Executive Board session as the biennial support budget for 2008–2009.

VIII. ELEMENTS FOR A DECISION

97. **The Executive Board may wish to:**

(a) Take note of this report;

(b) Endorse the MYFF, 2004–2007, as contained in this report, with the three results areas: reproductive health, population and development, and gender;

(c) Affirm that the MYFF is to serve as the Fund's main policy document, as well as a strategic resource and management tool;

(d) Welcome the MYFF as a key tool for directing the work of UNFPA in assisting countries towards the achievement of ICPD goals, ICPD+5 key actions, and the MDGs;

(e) Approve the integrated resources framework for 2004–2007, as contained in this report, and encourage all countries to assist UNFPA to reach a total figure of regular and other resources of $1,523 million for the period 2004–2007, including through multi-year pledges by countries that are in a position to do so;

(f) Request the Executive Director to present a progress report on the implementation of the MYFF, 2004–2007, every second year, starting at the annual session of the Executive Board in 2005, and a cumulative report on the MYFF at the annual session of the Executive Board in 2007.

Annex A 2004–2007 MYFF Strategic Results Framework: UNFPA Goals, Outcomes, Indicators and Strategies

POVERTY REDUCTION

GOALS	GOAL INDICATORS	OUTCOMES	OUTCOME INDICATORS
(1) All couples and individuals enjoy good reproductive health, including family planning and sexual health, throughout life	a) **Maternal mortality ratio** b) Adolescent fertility rate c) **HIV prevalence among 15-24 year old pregnant women** *[UNGASS]* d) **Under-five mortality rate** e) Unmet need for family planning	(i) Policy environment that promotes reproductive health and rights	a) Reproductive health and gender incorporated into: i) Poverty reduction strategies ii) Sector-wide approaches iii) Millennium Development Goals Reports b) National or subnational policies in place to increase the access of youth to quality reproductive health information and services c) National and subnational laws and policies in place to delay the age at marriage d) Proportion of health budget allocated to contraceptives
		(ii) Access to comprehensive reproductive health services is increased	a) Contraceptive prevalence rate b) **Proportion of births attended by skilled health personnel** c) **Condom use at last high-risk sex**[1] *[UNGASS]* d) Proportion of clients with sexually transmitted infections who are appropriately diagnosed, treated and counselled *[UNGASS]* e) Caesarean sections as a proportion of all births[2]
		(iii) Demand for reproductive health is strengthened	a) Proportion of women who have the final say in decisions about their own health care b) National and subnational mechanisms that advance civil society participation in planning and monitoring quality reproductive health services c) **Proportion of the population aged 15-24 with comprehensive correct knowledge of HIV/AIDS**[1] *[UNGASS]*
(2) Countries address interactions between population dynamics, sustainable development, and poverty, including the impact of HIV/AIDS	a) Life expectancy at birth, by sex b) **Proportion of population below $1 (PPP) per day** c) Poverty headcount ratio[3] d) Age dependency ratio[3]	(iv) Utilization of age- and sex-disaggregated population-related data is improved	a) Sex and age disaggregated data from national and subnational databases are used to monitor national development plans
		(v) National, subnational and sectoral policies, plans and strategies take into account population and development linkages	a) Population and poverty linkages explicit in national development policies and plans and poverty reduction strategies
(3) Gender equality and empowerment of women are achieved	a) **Ratio of girls to boys in primary and secondary education** b) **Literacy rate among 15-24 year old females** c) **Proportion of seats held by women in national parliament**	(vi) Institutional mechanisms and sociocultural practices promote and protect the rights of women and girls and advance gender equity	a) National and subnational mechanisms in place to monitor and reduce gender-based violence b) Discriminatory provisions against women and girls removed from national and sub national legislation *[Beijing + 5]* c) Civil society partnerships actively promoting gender equality, women and girls' empowerment and reproductive rights

STRATEGIES

Advocacy and Policy Dialogue – Building and Using a Knowledge Base – Promoting, Strengthening and Coordinating Partnerships – Developing Systems for Improving Performance

Indicators in bold are Millennium Development Goal (MDG) indicators

[1] Proportion of the sexually active population aged 15-24 reporting the use of a condom during last sexual intercourse with a non-regular partner in the last 12 months

[2] Serves as a proxy for access to Comprehensive Emergency Obstetric Care

[3] Poverty headcount ratio and age dependency ratio are currently undergoing the first round of testing as indicators for the UNFPA Strategic Framework

Annex B

MYFF 2004–2007 SRF goals and indicators and their links to targets and benchmarks of ICPD and ICPD+5, other international conferences, and the Millennium Development Goals

REPRODUCTIVE HEALTH GOAL AND INDICATORS

SRF RH goal	Related ICPD goals	Related MDGs
All couples and individuals enjoy good reproductive health, including family planning and sexual health, throughout life	• Universal access to reproductive health services, including family planning, by 2015 • Reduce maternal and child mortality • Reduce HIV/AIDS	• Improve maternal health (MDG 5) • Reduce child mortality (MDG 4) • Combat HIV/AIDS, malaria and other diseases (MDG 6)
SRF RH indicators	**Related benchmarks and targets of ICPD and ICPD+5, and other international conferences**	**Related MDG target**
Maternal mortality ratio	**ICPD**: Reduce maternal mortality by one half of the 1990 levels by the year 2000 and a further one half by 2015	**Target 6**: Reduce by three-quarters, between 1990 and 2015, the maternal mortality ratio
Proportion of births attended by skilled health personnel	**ICPD+5**: By 2005, where the maternal mortality rate is very high, at least 40 % of all births should be assisted by skilled attendants; by 2010 this figure should be at least 50 % and by 2015, at least 60 %. By 2005, 80 % of all births should be assisted by skilled attendants, by 2010, 85 %, and by 2015, 90 %	
Unmet need for family planning	**ICPD+5**: Any gap between proportion of individuals using contraceptives and proportion expressing a desire to space or limit their families should be reduced by at least 50 % by 2005, 75 % by 2010 and 100 % by 2050	
HIV prevalence among 15-24 year old pregnant women	**ICPD+5, UNGASS**: Reduce HIV prevalence among young men and women aged 15 to 24 in the most affected countries by 25 % by 2005, and by 25 % globally by 2010	**Target 7**: Have halted by 2015 and begun to reverse the spread of HIV/AIDS
Proportion of the population aged 15-24 with comprehensive correct knowledge of HIV/AIDS	**UNGASS**: By 2005, 90% of people aged 15-24 should have comprehensive correct knowledge of HIV/AIDS, 95% by 2010 **ICPD+5**: By 2005, at least 90 %, and by 2010 at least 95 %, of men and women aged 15 to 24 should have access to the information, education and services necessary to reduce their vulnerability to HIV infection	
Under-five mortality rate	**ICPD**: Reduce by 2000 the under-five mortality rate by one third, or to 70 per 1,000 live births, whichever is less, and by 2015, everywhere to below 45 per 1,000	**Target 5**: Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate

POPULATION AND DEVELOPMENT GOAL AND INDICATORS

SRF P&D goal		Related MDGs
Countries address interactions between population dynamics, sustainable development, and poverty, including the impact of HIV/AIDS		• Eradicate extreme poverty and hunger (MDG 1) • Ensure environmental sustainability (MDG 7)
SRF P&D indicators	**Related benchmarks and targets of ICPD and ICPD+5, and other international conferences**	**Related MDG target**
Proportion of population below $1 (PPP) per day		**Target 1**: Halve, between 1990 and 2015, the proportion of people whose income is less than one dollar a day **Target 9**: Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources
Life expectancy at birth by sex	**ICPD**: By 2005, life expectancy at birth should be greater than 70 years, and by 2015 greater than 75 years. Where mortality levels are highest, life expectancy at birth should be greater than 65 years by 2005, and by 2015 greater than 70 years	

GENDER GOAL AND INDICATORS

SRF Gender goal	Related ICPD goals	Related MDGs
Gender equality and empowerment of women are achieved	• Gender equity, equality and empowerment of women • Universal education	• Promote gender equality and empower women (MDG 3) • Achieve universal primary education (MDG 2)
SRF Gender indicators	**Related benchmarks and targets of ICPD and ICPD+5, and other international conferences**	**Related MDG target**
Ratio of girls to boys in primary and secondary education	**ICPD**: Elimination of the gender gap in primary and secondary education by 2005, and complete access to primary school or the equivalent by both girls and boys as quickly as possible and in any case before 2015	**Target 4**: Eliminate gender disparity in primary and secondary education, preferably by 2005, and to all levels of education no later than 2015
Literacy rate among 15-24 year old females	**ICPD+5, EFA, WSSD, FWCW**: Reduce the rate of illiteracy of women and men, at least halving it for women and girls by 2005, compared with the rate in 1990	
Proportion of seats held by women in national parliament	**FWCW**: 30 % share of seats for women in national parliaments (*Millennium Task Force on Education and Gender Equality* set target to be achieved by 2015)	
Discriminatory provisions against women and girls removed from national and subnational legislation	**Beijing+5**: Create and maintain a non-discriminatory and gender-sensitive legal environment by reviewing legislation with a view to removing discriminatory provisions, preferably by 2005	

International conferences: *EFA* - World Conference on Education for All, Jomtien, 1990; *FWCW*: Fourth World Conference on Women, Beijing, 1995; *Beijing+5* - United Nations General Assembly Special Session on Women, New York, 2000; *ICPD* - International Conference on Population and Development, Cairo, 1994; *ICPD+5* - United Nations General Assembly Special Session on the review and appraisal of the ICPD Programme of Action, New York, 1999; *WSSD* - World Summit for Social Development, Copenhagen, 1995; *UNGASS* - United Nations General Assembly Special Session on HIV/AIDS, New York, 2001

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UNITED NATIONS POPULATION FUND

UNFPA Response: Implementing the UNAIDS PCB Recommendations

Background

1. One of the recommendations of the UNAIDS Programme Coordinating Board (PCB) discussions on the UNAIDS Five-Year Evaluation findings called for an increased engagement of and linkage between the co-sponsor governing bodies and the UNAIDS PCB, particularly with regard to the implementation of PCB decisions and recommendations. In June 2003, at the joint session of the Executive Boards of UNDP/UNFPA, UNICEF and WFP, several delegations recommended that there should be a standing agenda item for the Executive Boards on the PCB recommendations and decisions. Thus, this item will normally be tabled during the second regular session of the UNDP/UNFPA Executive Board, and on an exceptional basis at the Board's first regular session 2004.

Decisions of the fourteenth PCB meeting: Key elements impacting UNFPA

2. The fourteenth meeting of the UNAIDS PCB was held from 26 to 27 June 2003, in Geneva, Switzerland. Key elements within the PCB decisions, recommendations and conclusions that impact UNFPA include those related to:

- Greater focus at country level
- Scaling up national responses
- Addressing the feminization of the epidemic
- Increasing access to and use of affordable HIV-preventive commodities
- Responding to the southern Africa crisis and working in emergency settings
- Intensified action in Asia and the Pacific region
- Tracking resource flows
- Accessing resources
- Further integration of results-based management framework and performance monitoring.

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UNFPA response: Implementing the PCB recommendations

3. The current recommendations of the PCB echo many of the directions of work already initiated within UNFPA with the guidance of the UNDP/UNFPA Executive Board. The Fund's strategic direction in responding to the HIV/AIDS pandemic is well reflected in two primary planning and results-management documents. The proposed UNFPA multi-year funding framework, 2004-2007 (DP/FPA/2004/4), includes specific indicators on HIV/AIDS at both goal and outcome levels. The proposed intercountry programme, 2004-2007 (DP/FPA/2004/3), includes HIV prevention as a priority area for action focusing on three specific outputs directly linked to the Fund's core areas for HIV prevention: young people, pregnant women, and condom programming. Strategic policy and programmatic frameworks and guidance to strengthen the UNFPA response are provided through the recently established HIV/AIDS Branch in the Fund's Technical Support Division. Mechanisms for broader communication, knowledge sharing and collaboration within UNFPA have been strengthened. The Fund's reconstituted Inter-Divisional Working Group on HIV/AIDS (IDWG) is an example of a mechanism for information and knowledge sharing, policy debate, and fostering close involvement at all levels. The IDWG has been expanded to over 110 members, including 70 staff members from the field to ensure active engagement of country offices.

4. Greater focus at country level. Focusing on country needs and building institutional capacities to meet those needs are recommendations that have emanated from the PCB, based on the findings of the UNAIDS Five-Year Evaluation, as well as from the UNFPA thematic evaluation of the Fund's HIV/AIDS activities. UNFPA has endeavoured to build institutional capacity to more effectively programme HIV prevention at the country level. A training manual consisting of seven distinct substantive modules has been developed and five subregional staff orientation workshops were held during 2002-2003 in Addis Ababa, Ethiopia; Dakar, Senegal; Harare, Zimbabwe; Kathmandu, Nepal; and Mexico City, Mexico. Each UNFPA Country Technical Services Team (CST) has a regional HIV/AIDS adviser. In 2004, a regional adviser will be placed in the Africa region to coordinate United Nations efforts focused on young people in Africa. In addition, there will be two advisers focusing on HIV/AIDS in the workplace as part of the "Caring for Us Initiative" being implemented in partnership with UNICEF. Full- or part-time HIV/AIDS focal points have also been identified in most UNFPA field offices and UNFPA Representatives have been encouraged to serve as chair of the United Nations Theme Group on HIV/AIDS, in addition to participating as active members.

5. In 2004, emphasis will be placed on strengthening implementation and scaling up country responses. A series of policy and programmatic tools and approaches has been developed and tested and will serve as an essential resource to facilitate operationalization of HIV prevention in programme countries. Country-level programming will be guided by regional and subregional frameworks for HIV prevention which are being developed for all geographic regions. In January 2004, Latin America and the Caribbean region will launch their framework.

6. Scaling up national responses. HIV-prevention initiatives are under way in nearly all of the over 140 countries in which UNFPA provides support. The area of young people, where UNFPA is the designated UNAIDS convening agency, provides multiple examples where UNFPA is strengthening the response at all levels. At the global level, UNFPA has mapped available evidence-based quality materials, training resources, and interventions, thus providing an important resource reference as well as identifying technical resource gaps that need to be addressed. Dissemination of this technical reference tool is planned for 2004. Based on a defined set of critical intervention elements, efforts have been

initiated to document the experiences of scaling up HIV-prevention programmes for young people in countries such as Chad, the Dominican Republic, Namibia and Nepal.

7. Several regional initiatives are also supporting scaling-up efforts at country level. In Botswana, Ghana, Uganda and the United Republic of Tanzania, the African Youth Alliance (AYA) is scaling up comprehensive adolescent development programmes, which include behaviour change communication activities and capacity-building of youth groups and national institutions. In the United Republic of Tanzania, for example, AYA has helped the Government's Centre of Infectious Diseases expand its reach twofold within three months, to better meet the needs of adolescents.

8. HIV-prevention efforts in the Arab region, Central America and the Caribbean have been strengthened under the UNFPA/OPEC Fund for International Development initiative to raise awareness among young people and mobile populations in 13 countries. This effort also focuses on building the capacities of non-governmental organizations (NGOs), and strengthening national efforts to detect and prevent HIV in the Arab region.

9. In Eastern Europe and Central Asia, UNFPA has worked actively to build the capacity of national NGOs and governmental organizations to implement, supervise, monitor and evaluate peer education programmes; to build the status and credibility of peer education; and to strengthen sexual and reproductive health education programmes through the concept of life skills education. Together with other members of the Inter-agency Group on Young People's Health Development and Protection in Europe and Central Asia, and through coordinated support to national efforts, UNFPA has promoted a comprehensive and multisectoral response to reduce the vulnerability of young people to HIV/AIDS and empower them to become active partners in the efforts against the epidemic. Results include the training of 241 trainers and over 70,000 young people reached through roll-out national training activities. UNFPA has also facilitated the development of Y-PEER or the Youth Peer Education Electronic Resource (www.youthpeer.org). This networking mechanism is based on electronic communication and includes a web site. It currently links 370 members from 27 countries who are active peer educators and who contribute to and/or benefit from available resource materials and training programmes.

10. In September 2003, UNFPA hosted a group of 30 youth advocates representing 24 countries, brought together as youth partners to define and formalize a global advocacy initiative -- Global Youth Partners -- aimed at preventing HIV infection among young people. In supporting the initiative, UNFPA aims to foster partnership among young people and youth networks to establish a youth-owned, youth-driven and youth-managed advocacy agenda which seeks strengthened commitment for and increased investment in preventing HIV infections among young people. At the same time, the initiative will allow for the greater involvement of young people in HIV-prevention efforts at all levels – globally, regionally, within the countries they represent, and in the communities in which they live.

11. Addressing the feminization of the epidemic. HIV-prevention services for women, specifically pregnant women, are almost non-existent in many countries, thus exacerbating what has come to be known as the "feminization" of the pandemic. UNFPA has strengthened its partnership and collaboration with other gender-focused organizations, such as UNIFEM, to help women meet the challenges of HIV/AIDS.

12. Through a panel discussion during the 2003 General Assembly full-day session on HIV/AIDS, UNFPA and UNIFEM helped raise policy-makers' awareness of the excess burden that women bear in relation to the epidemic.

13. UNFPA has been an active member of the Secretary-General's task force on women, girls and HIV/AIDS in southern Africa, and is involved in the development of the broader women and AIDS initiative. Plans are under way to launch a major publication on women and HIV/AIDS at the next International Conference on HIV/AIDS, to be held in Bangkok, Thailand. Such efforts contribute to advocacy for women-centred responses.

14. As the co-chair of the inter-agency task team on gender and HIV/AIDS, UNFPA is developing a gender and HIV/AIDS resource pack to enable programme managers and policy makers to effectively mainstream the gender dimensions of the epidemic into HIV/AIDS programming. With pregnant women particularly at risk of HIV/AIDS, and given the implications for women themselves and their families, UNFPA conducted training workshops in Cambodia, Ethiopia, Ghana and Malawi to help health providers integrate HIV prevention into their routine antenatal care services.

15. Increasing access to and use of affordable HIV-preventive commodities. In complement to its work in reproductive health commodity security, UNFPA has developed a range of programming tools and approaches to assist clients in the correct and consistent use of condoms and to expand access to voluntary counselling and testing. UNFPA is promoting a people-centred approach to condom programming emphasizing the importance of understanding user needs and perspectives and addressing the needs essential for behaviour change. As the UNAIDS convening agency on condom programming for HIV prevention, UNFPA is working to strengthen and expand the involvement of other agencies in helping to operationalize and resource this proven prevention method.

16. Responding to the southern Africa crisis and working in emergency settings. UNFPA is actively supporting general reproductive health services and HIV prevention, and has also been an active advocate for including HIV considerations in humanitarian response design. The Fund stresses the link between HIV/AIDS, food insecurity and governance. UNFPA has provided a full-time staff member to ensure its active participation and input into the Regional Inter-Agency Coordination and Support Office (RIACSO) in Johannesburg, South Africa (set up by OCHA and coordinated by WFP). UNFPA is supporting a four-country initiative in Lesotho, Malawi, Swaziland, and Zambia. Part of the Fund's related work in this subregion is the pursuit of regional and multisectoral strategies to protect maternal health.

17. As a member of the Inter-Agency Standing Committee Task Force on HIV/AIDS in Emergency Settings, UNFPA has collaborated in the development and field-testing of the guidelines for HIV/AIDS prevention in emergency settings.

18. Intensified action in Asia and the Pacific region. UNFPA is increasing its efforts in Asia and the Pacific region, including encouraging staff to serve as the chair of the United Nations Theme Group on HIV/AIDS. In a number of countries, such as Afghanistan and Nepal, UNFPA has supported the process of developing national HIV/AIDS strategies. Public awareness is being increased in several countries in the region, including China and India.

19. The European Commission/UNFPA Initiative for Reproductive Health in Asia has worked with 19 European NGOs and more than 60 local partners to improve reproductive and sexual health in Bangladesh, Cambodia, the Lao People's Democratic Republic, Pakistan, Nepal, Sri Lanka and Viet Nam. HIV prevention is a priority for all these Asian countries.

20. Tracking resource flows. UNFPA spearheads the efforts in tracking of resource flows for HIV/AIDS activities, in collaboration with the Netherlands Interdisciplinary Demographic Institute and the UNAIDS secretariat. Data collection activities have expanded to include domestic resource flows for HIV/AIDS, as well as joint country case studies to provide more detailed information on how resource flows are directed towards HIV/AIDS activities and how the Declaration of Commitment on HIV/AIDS is being implemented.

21. In close collaboration with UNAIDS, UNFPA plans to broaden the resource flows project objectives in the new project cycle, 2004–2007, to go beyond measuring commitment to International Conference on Population and Development and HIV/AIDS goals. There will be new areas of focus, for example, equity considerations, including impact assessments, and capacity-building to use resource flows data in policy dialogue and country programming processes, including for poverty reduction strategies.

22. Accessing resources. UNFPA continues to support programme countries in accessing funds from such sources as the World Bank's multicountry AIDS programme and the Global Fund to Fight AIDS, Tuberculosis and Malaria. Field staff in many countries have been proactive in providing technical support to facilitate country applications for funds. In some countries, for example, Honduras, UNFPA has participated in the country coordinating mechanism to prepare proposals for the Global Fund.

23. Further integration of results-based management framework and performance monitoring. UNFPA is committed to results-based management and seeks to strengthen its results-based orientation in a number of ways, including through the development and implementation of the Fund's multi-year funding framework and the intercountry programme. UNFPA has also been active in framing the performance monitoring of the upcoming UNAIDS Unified Budget and Workplan cycle and in contributing to the review of the United Nations Strategic Plan 2001–2005. In 2004, UNFPA will launch the Enterprise Resource Planning (ERP) system, which should further strengthen monitoring of the organization's action in HIV-prevention and related activities.

Recommendation

24. The Executive Board may wish to take note of the present report (DP/FPA/2004/5).